



Backflow Prevention Assembly Survey Short Form

Business Name: _____

Address of Business: _____

Owner Name(s): _____

Email: _____ Phone Number: _____ Cell Number: _____

Contact Person (s) or Manager (s) (if different from owner): _____

Email: _____ Phone Number: _____ Cell Number: _____

Backflow Prevention Assembly Information:

Manufacturer: _____ **Model:** _____ **Size:** _____

Serial Number: _____ **Location Onsite:** _____

Select One

- Reduced Pressure (RP)
- Double Check (DC)
- Reduced Pressure Detector (RPDA)
- Double Check Detector (DCDA)

Orientation of Service: Horizontal Vertical

Type of Service: Domestic (DOM) Irrigation (IRR) Fire Line (FL) Combo (Dom & FL)

Select One for Type of Commercial Hazard or Water Use:

- Automotive Car Wash Commercial Construction 5 (or more) Story Building
- Fire Service Food Service Grocery Irrigation Laundry
- Medical / Institutional Mortuary Multi-Family Pesticide
- Pool Water Front Industrial Waste Water Treatment Other _____

Date of most recent assembly test: _____

Name of Certified Tester or Company: _____

COH Office Use: Assembly Approval Date _____ **by** _____

COH Inspection Date _____ **by** _____