

# Backflow Prevention Assembly Test & Maintenance Report

# Water Purveyor \_\_\_\_\_

Public Water Supplier # \_\_\_\_\_

Business Name or Property Owner: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Service Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Residential  Non-Residential  Assembly Type: RP  RPDA  DC  DCDA  PVB  SVB  AG

Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Serial \_\_\_\_\_ Size \_\_\_\_\_

Existing  Replacement  New  Location of Backflow Assembly: \_\_\_\_\_

Hazard: Domestic  Irrigation  Fire  Fire Detector  Other  \_\_\_\_\_

Hazard ID # \_\_\_\_\_ Site ID # \_\_\_\_\_ Meter # \_\_\_\_\_

PSI	Reduced Pressure Principle Assembly			RELIEF VALVE	PVB/SVB
	Double Check Valve Assembly		CHECK VALVE #2		
	CHECK VALVE #1	CHECK VALVE #2			
INITIAL TEST	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> PSID _____	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> PSID _____	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> PSID _____	Opened at _____ PSID Did Not Open <input type="checkbox"/>	Air Inlet Opened at _____ PSID Did Not Open <input type="checkbox"/> Check Valve _____ PSID Leaked <input type="checkbox"/>
	Cleaned / Repaired?	Cleaned / Repaired?	Cleaned / Repaired?	Cleaned / Repaired?	Cleaned / Repaired?
FINAL TEST	PSID _____ Closed Tight <input type="checkbox"/>	PSID _____ Closed Tight <input type="checkbox"/>	PSID _____ Closed Tight <input type="checkbox"/>	Opened at _____ PSID Did Not Open <input type="checkbox"/>	Opened at _____ PSID Did Not Open <input type="checkbox"/> Check Valve _____ PSID Leaked <input type="checkbox"/>

Air Gap Required Separation: Yes  No

Installed in accordance with manufacturer recommendations and/or local codes? Yes  No

Remarks: \_\_\_\_\_

### TESTER CERTIFICATIONS

The backflow prevention assembly detailed on this form has been tested and maintained as required by codes and regulations, is certified to be true & accurate, and is operating within acceptable parameters at time of testing. \* Only Manufacturer's replacement parts have been used. \*\* Test records must to be kept for a minimum of three years.

Company Name \_\_\_\_\_ Company Phone # \_\_\_\_\_

Company Address \_\_\_\_\_ Contact Phone # or Extension \_\_\_\_\_

Company Address \_\_\_\_\_ Company License # \_\_\_\_\_

Tester Name \_\_\_\_\_ Tester Signature \_\_\_\_\_

Tester License or Certification # \_\_\_\_\_ Tester License Expiration \_\_\_\_\_

Test Kit Mfr. \_\_\_\_\_ Mod # \_\_\_\_\_ Ser # \_\_\_\_\_

Backflow Preventer Test Date \_\_\_\_\_ Test Kit Date Last Tested for Accuracy \_\_\_\_\_

PASS  FAIL