

# BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

A copy of this report should be retained for minimum of three years

Water District or Authority: \_\_\_\_\_ Meter or Account No.: \_\_\_\_\_ Test No.: \_\_\_\_\_

Service Business Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Owner/Management Co./Contractor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone \_\_\_\_\_

New  Existing  Replacement For: \_\_\_\_\_

Use: Containment  Isolation  Application Domestic  Fire  Irrigation  Process  Other

Assembly Type: R/P  FR/P  D/C  FD/C  PVB  SPVB  OTHER \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Serial Number \_\_\_\_\_ Size: \_\_\_\_\_

Date Installed \_\_\_\_\_ Last Inspection \_\_\_\_\_ Line Pressure \_\_\_\_\_ Psi

Location: \_\_\_\_\_

Initial Test Results			COMMENTS	Re-Test Results	
	Tightness	Differential		Tightness	Differential
Check #1 R/P-D/C-PVB FR/P-FD/C	Tight <input type="checkbox"/> Leak <input type="checkbox"/>	_____ Psid		Tight <input type="checkbox"/> Leak <input type="checkbox"/>	_____ Psid
Check #2 R/P-D/C FR/P-FD/C	Tight <input type="checkbox"/> Leak <input type="checkbox"/>	_____ Psid		Tight <input type="checkbox"/> Leak <input type="checkbox"/>	_____ Psid
Reliev Valve R/P- FR/P	<input checked="" type="checkbox"/>	_____ Psid		Reliev Valve R/P- FR/P	_____ Psid
Buffer R/P-FR?p	<input checked="" type="checkbox"/>	_____ Psid		Buffer R/P-FR?p	_____ Psid
Air Inlet	<input checked="" type="checkbox"/>	_____ Psid	PVB Backpressure Yes <input type="checkbox"/> No <input type="checkbox"/>	Air Inlet	_____ Psid
Shut Off Valve #1	Tight <input type="checkbox"/> Leak <input type="checkbox"/>		<input checked="" type="checkbox"/>	Shut Off Valve #1	Tight <input type="checkbox"/> Leak <input type="checkbox"/>
Shut Off Valve #2	Tight <input type="checkbox"/> Leak <input type="checkbox"/>		<input checked="" type="checkbox"/>	Shut Off Valve #2	Tight <input type="checkbox"/> Leak <input type="checkbox"/>

Air Gap: Discharg Size: \_\_\_\_\_ In. Air Gap: \_\_\_\_\_ In.

Mechanical Test: Passed  Failed

If the assembly fails to meet minimum standards, and not repaired at this time, The Water authority must be notified as soon as possible

Alarm Company and Fire Department Notification if assembly is on a Fire Line

Turn Off Date: \_\_\_\_\_ Time: \_\_\_\_\_ Turn On Date: \_\_\_\_\_ Time: \_\_\_\_\_

Technician certifies this assembly has been tested in accordance with procedures that are acceptable to the above listed water authority. Procedures Used: \_\_\_\_\_

Tester Name: \_\_\_\_\_ Certification No. \_\_\_\_\_ Agency: \_\_\_\_\_ Expires: \_\_\_\_\_

Tester Signature: \_\_\_\_\_ Test Date: \_\_\_\_\_ Time: \_\_\_\_\_

Tester Phone: \_\_\_\_\_ Gauge Serial No.: \_\_\_\_\_ Gauge Certification Date: \_\_\_\_\_

Device Owner or Agent Signature: \_\_\_\_\_

Certifies assembly valves and all alarms were returned to pretest position.