

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 # _____ Containment Isolation

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

Is the assembly installed on a non-potable (auxiliary) water supply? Yes No

If irrigation, is there an OSSF (Septic or similar) on-site? Yes No N/A

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 City, State, Zip _____ 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