

Backflow Prevention Assembly Test & Maintenance Form

Owner of Property _____ **Return Form By:** _____

Mailing Address _____ **Test Date** _____

(CITY) (ST) (ZIP)

Contact Person _____

Assembly Address _____

(CITY) (ST) (ZIP)

Exact Location _____

RP - ASSE #1013

DC- ASSE #1015

PVB - ASSE #1020

RPDA - ASSE #1047

DCDA - ASSE #1048

SRVB - ASSE #1056

Permit Number _____

Make _____ **Model No.** _____

Size _____ **Serial No.** _____

Line PSI _____	Reduced Pressure Backflow Preventer			Pressure Vacuum Breaker Spill Resistant Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Check Valve	Air Inlet
	Check Valve No. 1	Check Valve No. 2			
Initial Test PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____PSID	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____PSID	Opened at _____PSID Did Not Open <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____PSID	Opened at _____PSID Did Not Open <input type="checkbox"/>
Repairs					
Final Test PASS <input type="checkbox"/>	Closed Tight <input type="checkbox"/> _____PSID	Closed Tight <input type="checkbox"/> _____PSID	Opened at <input type="checkbox"/> _____PSID	Closed Tight <input type="checkbox"/> _____PSID	Opened at _____PSID
Condition of No. 2 Shutoff Valve: Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> Water Service Restored Yes No					
Notes:					
Certification: On this date, the above device was tested per applicable codes and the required performance standards.					
Test Type		Gauge Ser. No.		Testing Firm	
Tester Name				Tester Certification No.	

Tester Signature: _____ Date: _____

Contact Signature: _____ Date: _____