



## Backflow Prevention Assembly Test & Maintenance Form

Owner of Property \_\_\_\_\_ Return Form By: \_\_\_\_\_

Mailing Address \_\_\_\_\_ Test Date \_\_\_\_\_

\_\_\_\_\_  
(CITY) (ST) (ZIP)

RP - ASSE #1013      RPDA - ASSE #1047

Contact Person \_\_\_\_\_

DC- ASSE #1015       DCDA - ASSE #1048

Assembly Address \_\_\_\_\_

PVB - ASSE #1020       SRVB - ASSE #1056

\_\_\_\_\_  
(CITY) (ST) (ZIP)

Exact Location \_\_\_\_\_

Make \_\_\_\_\_ Model No. \_\_\_\_\_

Size \_\_\_\_\_ Serial No. \_\_\_\_\_

Supply 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			
<b>Initial Test</b> <b>PASS</b> <input type="checkbox"/> <b>FAIL</b> <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					
<b>Final Test</b> <b>PASS</b> <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: \_\_\_\_\_