# Backflow Prevention Assembly Test & Maintenance Report

**Water**

**Purveyor**

Public Water Supplier #

Business Name or Property Owner: Contact Person: Service Address:

\_\_ \_\_

**Phone**:

**Non-Residential**

**Assembly Type: RP**

**RPDA**

**DC**

**DCDA**

**PVB**

**SVB**

**AG**

Residential

Manufacturer Model Serial Size \_ Existing Replacement New Location of Backflow Assembly:

Hazard: Domestic Hazard ID #

Irrigation

Fire

Site ID #

Fire Detector

Other

 Meter #

|  |  |  |
| --- | --- | --- |
| **PSI** | **Reduced Pressure Principle Assembly** | **PVB/SVB** |
| **Double Check Valve Assembly** | **RELIEF VALVE** |
| **CHECK VALVE #1** | **CHECK VALVE #2** |
| **INITIAL TEST** | Leaked Closed Tight PSID |   | Leaked Closed Tight PSID |   | Opened at PSID Did Not Open | Air InletOpened at PSID Did Not OpenCheck Valve PSID Leaked |
|  | Cleaned / Repaired? | Cleaned / Repaired? | Cleaned / Repaired? | Cleaned / Repaired? |
| **FINAL TEST** | PSIDClosed Tight |   | PSIDClosed Tight |   | Opened at PSID Did Not Open | Opened at PSID Did Not OpenCheck Valve PSID Leaked |

**Air Gap** Required Separation: Yes No

Air Inlet

Opened at PSID

Did Not Open

Check Valve PSID

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