



Backflow Prevention Assembly Test & Maintenance Form

Account Number _____

Return form by: _____

Owner of Property _____

Test Date _____

Address _____

RP - ASSE #1013 RPDA - ASSE #1047

(CITY) (ST) (ZIP)

DC - ASSE #1015 DCDA - ASSE #1048

Contact Person _____

PVB - ASSE #1020 SRVB - ASSE #1056

Assembly Address _____

(CITY) (ST) (ZIP)

Meter # _____

Exact Location _____

Make _____ Model _____

Size _____ Serial No _____

Line PSI _____	Reduced Pressure Backflow Preventer			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Spill Resistant Vacuum Breaker	
	Check Valve No. 1	Check Valve No. 2		Check Valve	Air Inlet
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 _____ PSID _____ PSID	Closed Tight <input type="checkbox"/> _____ PSID	Opened at _____ PSID _____ PSID
Condition of No.2 Shutoff Valve: Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> Water Service Restored Yes <input type="checkbox"/> No <input type="checkbox"/>					
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: _____