

Due Date: _____

Signature: Owner/Agent

BACKFLOW PREVENTION ASSEMBLY TEST MAINTENANCE REPORT

Service No: _____ Manufacturer: _____ Size: _____
 Account No: _____ Model: _____
 Meter No: _____ Serial No: _____ Date Installed: _____
 Service Address: _____

Meter Read: _____ Proper Installation: _____ (Y/N) Inlet Water Pressure: _____ PSI

Assembly: <input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> DCDA <input type="checkbox"/> RPDA <input type="checkbox"/> PVB	REDUCED PRESSURE PRINCIPLE ASSEMBLY			PVB
	DOUBLE CHECK ASSEMBLY		Relief Valve	
	Check Valve #1	Check Valve #2		
Initial Test	<input type="checkbox"/> Tight <input type="checkbox"/> Leaked Holding PSID: _____	<input type="checkbox"/> Tight <input type="checkbox"/> Leaked Holding PSID: _____	<input type="checkbox"/> Dripping <input type="checkbox"/> Did Not Open Opening PSID: _____	<input type="checkbox"/> Did Not Open Opening PSID: _____
R E P A I R S	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc/O'Ring <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Module <input type="checkbox"/> Test Cock (#1-#2) <input type="checkbox"/> Other (Describe in comments below)	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc/O'Ring <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Module <input type="checkbox"/> Test Cock (#3-#4) <input type="checkbox"/> Other (Describe in comments below)	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc(s) <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm(s) <input type="checkbox"/> Module <input type="checkbox"/> Rubber Parts <input type="checkbox"/> Stem <input type="checkbox"/> O'Ring <input type="checkbox"/> Other (Describe in comments below)	Check Valve Holding PSID: _____ <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> CV Disc <input type="checkbox"/> Air Inlet Disc <input type="checkbox"/> Seat <input type="checkbox"/> Bonnet <input type="checkbox"/> Other (Describe in comments below)

When existing backflow assembly is replaced, complete this block and "Final Test" with new assembly information:

Size: _____ Manufacturer: _____ Model: _____ Serial No.: _____

Final Test	<input type="checkbox"/> Tight Holding PSID: _____	<input type="checkbox"/> Tight Holding PSID: _____	Opening PSID: _____	Opening PSID: _____
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Comments: _____

TEST RESULTS- I certify the above information to be true

Initial	Date: _____ Cert. #: _____	Tested by: _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
Repair	Date: _____ Cert. #: _____	Repaired by: _____	
Final	Date: _____ Cert. #: _____	Retested by: _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed

ASSEMBLY FAILURE OR CUSTOMER'S FAILURE TO TEST: In accordance with the State and Local Laws, the assembly shall be repaired or replaced within 15 days of failure. Failure on the part of the customer to complete testing and submit report(s) within the frame stipulated shall result in the discontinuance of water service.

Required minimum holding PSID for a #1 Check Valve on a reduced pressure principle assembly is 5.0 PSID