



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:	<b>REDUCED PRESSURE PRINCIPLE ASSEMBLY</b>			
<input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> DCDA <input type="checkbox"/> RPDA <input type="checkbox"/> PVB	<b>DOUBLE CHECK ASSEMBLY</b>			<b>PVB</b>
	<b>Check Valve #1</b>	<b>Check Valve #2</b>	<b>Relief Valve</b>	<b>Air Inlet</b>
<b>Initial Test</b>	<input type="checkbox"/> Tight <input type="checkbox"/> Leaked Holding PSI: _____	<input type="checkbox"/> Tight <input type="checkbox"/> Leaked Holding PSI: _____	<input type="checkbox"/> Dripping <input type="checkbox"/> Did Not Open Opening PSI: _____	<input type="checkbox"/> Did Not Open Opening PSI: _____
<b>REPAIRS</b>	<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 Clock (#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 Clock (#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)	<b>Check Valve</b> Holding PSI: _____ <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)
<b>When existing backflow assembly is replaced, complete this block and "Final Test" with new assembly information:</b> Size: _____ Manufacturer: _____ Model: _____ Serial No.: _____				
<b>Final Test</b>	<input type="checkbox"/> Tight Holding PSI: _____	<input type="checkbox"/> Tight Holding PSI: _____	Opening PSI: _____	<input type="checkbox"/> Tight Holding PSI: _____

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.