

Backflow Testing Company: _____
 Address: _____
 City, St: _____ Zip: _____

Device Serial No _____
 Test Date/Time _____
 Tester Certification _____
 Device Test Result Pass Fail

Backflow Prevention Device Test & Maintenance Report

(Please Print)

Account	Service Account No: _____ Tap No: _____ Meter No: _____	
	Service Name: _____	
	Address: _____	City: _____ ST: _____ Zip: _____

Device	Make: _____ Model: _____ Size: _____
	Type: <input type="checkbox"/> RPZ <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> AVB <input type="checkbox"/> Air Gap
	Date Installed: _____ Location on property: _____
	<input type="checkbox"/> New <input type="checkbox"/> Existing
	Previous Device Serial No: _____

<u>Orientation</u>	<u>Use</u>	<u>Protection</u>
<input type="checkbox"/> Vertical Up	<input type="checkbox"/> Domestic	<input type="checkbox"/> Containment
<input type="checkbox"/> Vertical Down	<input type="checkbox"/> Fire	<input type="checkbox"/> Isolation
<input type="checkbox"/> Horizontal	<input type="checkbox"/> Irrigation	

Testing & Maintenance	Initial Test Results		Repairs/Comments	Re-Test Results	
	Tightness	Differential		Tightness	Differential
	Check Valve #1 (RPZ, DC, PVB)	<input type="checkbox"/> Leak <input type="checkbox"/> Tight			<input type="checkbox"/> Leak <input type="checkbox"/> Tight
Check Valve #2 (RPZ, DC)	<input type="checkbox"/> Leak <input type="checkbox"/> Tight			<input type="checkbox"/> Leak <input type="checkbox"/> Tight	
Relief Valve (RPZ)					
Buffer (RPZ)					
Air Inlet (PVB)					
Shutoff Valve #1	<input type="checkbox"/> Leak <input type="checkbox"/> Tight				
Shutoff Valve #2	<input type="checkbox"/> Leak <input type="checkbox"/> Tight				
Comments: _____					
Test Procedure: _____					

Notification	Alarm Company/Fire Department Notified: _____	
	Person Notified: _____	Notified By: _____
	Turn Off Date/Time: _____	Turn On Date/Time: _____

Test Kit	Test Kit Make: _____ Model: _____
	Serial No: _____ Last Calibration Date: _____

Tester	Tester Name: _____ Certificate Expiration Date: _____
	Tester certifies that this assembly has been tested with the above listed procedure and verifies that isolation valves were
	Signature: _____