



## BACKFLOW TEST AND MAINTENANCE REPORT

CUSTOMER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

LOCATION OF ASSEMBLY: \_\_\_\_\_

TYPE OF ASSEMBLY:                    RP                     DC                     PVB                     SIZE: \_\_\_\_\_

MANUFACTURER: \_\_\_\_\_ MODEL: \_\_\_\_\_ SERIAL NO.: \_\_\_\_\_

| RELIEF VALVE   | CHECK VALVE #1   | CHECK VALVE #2   | PRESSURE VACUUM BREAKER   |
|--|--|--|---|
| <b>OPENED AT:</b><br>_____ PSID<br><b>BUFFER</b> _____ PSID<br><b>DID NOT OPEN</b><br><input type="checkbox"/>                           | <input type="checkbox"/> LEAKED<br><input type="checkbox"/> CLOSED TIGHT<br>DIFF. PRESSURE<br>ACROSS CHECK<br>VALVE:<br>_____ PSID       | <input type="checkbox"/> LEAKED<br><input type="checkbox"/> CLOSED TIGHT<br>DIFF. PRESSURE<br>ACROSS CHECK<br>VALVE:<br>_____ PSID       | <b>AIR INLET<br/>           OPENED AT:</b><br>_____ PSID<br><b>DID NOT OPEN<br/>           CHECK VALVE:</b><br>LEAKED <input type="checkbox"/><br>HELD AT<br>_____ PSID |
| <input type="checkbox"/> CLEANED ONLY<br><b>REPLACED:</b><br>RUBBER KIT <input type="checkbox"/><br>RV ASSEMBLY <input type="checkbox"/> | <input type="checkbox"/> CLEANED ONLY<br><b>REPLACED:</b><br>RUBBER KIT <input type="checkbox"/><br>CV ASSEMBLY <input type="checkbox"/> | <input type="checkbox"/> CLEANED ONLY<br><b>REPLACED:</b><br>RUBBER KIT <input type="checkbox"/><br>CV ASSEMBLY <input type="checkbox"/> | <input type="checkbox"/> CLEANED ONLY<br><b>REPLACED:</b><br>RUBBER KIT <input type="checkbox"/><br>CV ASSEMBLY <input type="checkbox"/>                                |
| <b>OPENED AT:</b><br>_____ PSID<br><b>BUFFER</b> _____ PSID  | <input type="checkbox"/> CLOSED TIGHT<br>_____ PSID  | <input type="checkbox"/> CLOSED TIGHT<br>_____ PSID  | <b>AIR INLET</b><br>_____ PSID<br><b>CHECK VALVE</b><br>_____ PSID  |
| <b>SHUT OFF VALVE #1</b><br><input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT  |  | <b>SHUT OFF VALVE #2</b><br><input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT  |   |

**NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN THIRTY DAYS.**

REMARKS: \_\_\_\_\_

*I HEREBY CERTIFY THAT AT THE DATE AND TIME OF THE TEST INDICATED, THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE ASSEMBLY PER CURRENT INDUSTRY STANDARDS. I ALSO CERTIFY THAT THE #1 AND #2 SHUTOFF VALVES HAVE BEEN LEFT IN THE FULLY OPENED POSITION.*

INITIAL TEST BY: \_\_\_\_\_ CERTIFIED TESTER NO. \_\_\_\_\_ DATE: \_\_\_\_\_

REPAIRED BY: \_\_\_\_\_ CERTIFIED TESTER NO. \_\_\_\_\_ DATE: \_\_\_\_\_

FINAL TEST BY: \_\_\_\_\_ CERTIFIED TESTER NO. \_\_\_\_\_ DATE: \_\_\_\_\_

DOMESTIC                     FIRE                     LAWN IRRIGATION                     NEW TEST                     RECERTIFICATION TEST

WATER METER NUMBER: \_\_\_\_\_ PLUMBING PERMIT NUMBER: \_\_\_\_\_

TEST KIT                    DIFFERENTIAL                     ELECTRONIC                     LINE PRESSURE: \_\_\_\_\_

TEST KIT MFG./ MODEL NO./ SERIAL NO./ CALIBRATION DUE DATE: \_\_\_\_\_

CERT. NUMBER: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ SIGNATURE OF TESTER: \_\_\_\_\_

EMAIL: \_\_\_\_\_ TIME OF DAY: \_\_\_\_\_ AM  PM