BACKFLOW PREVENTION DEVICE
FIELD TESTING AND MAINTENANCE REPORT

RETURN NO LATER THAN:

MANUFACTURER | TYPE | MODEL | SIZE | SERIAL NUMBER

LOCATION

	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	AIR INLET VALVE
INI-TIAL TEST	CLOSE AT_____ PSID LEAKED ☐	CLOSE AT_____ PSID LEAKED ☐ CLOSED TIGHT ☐	OPEN AT_____ PSID OPEN UNDER #2 ☐ OR DID NOT OPEN	OPEN AT_____ PSID OPEN UNDER #1 ☐ OR DID NOT OPEN
REPAIRS	CLEANED ☐ REPLACED: DISC ☐ DISC HOLDER ☐ SPRING ☐ GUIDE ☐ HINGE PIN ☐ SEAT ☐ O-RINGS ☐ MODULE ☐ OTHER ☐ DESCRIBE:	CLEANED ☐ REPLACED: DISC ☐ DISC HOLDER ☐ SPRING ☐ GUIDE ☐ HINGE PIN ☐ SEAT ☐ O-RINGS ☐ MODULE ☐ OTHER ☐ DESCRIBE:	CLEANED ☐ REPLACED: DISC(S) ☐ DISC HOLDER ☐ SPRING ☐ DIAPHRAGM(S) ☐ SEAT ☐ O-RINGS ☐ MODULE ☐ OTHER ☐ DESCRIBE:	CLEANED ☐ REPLACED: DISC ☐ DISC HOLDER ☐ SPRING ☐ CANOPY ☐ DIAPHRAGM ☐ O-RINGS ☐ OTHER ☐ DESCRIBE:
OTHER REPLACEMENTS:		TESTCOCK #1 ☐ TESTCOCK #2 ☐	TESTCOCK #3 ☐ TESTCOCK #4 ☐	SHUTOFF #1 ☐ SHUTOFF #2 ☐
FINAL TEST	CLOSE AT_____ PSID	CLOSE AT_____ PSID	OPEN AT_____ PSID	OPEN AT_____ PSID

COMMENTS:

IF DEVICE REPLACED, WHY?

MAP:

PAGE GRID

TESTING COMPANY

TESTING COMPANY PHONE NUMBER

Return Original Test Notices Only.
Copies or Faxes not permitted.

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

INITIAL TEST BY (SIGNATURE) (PRINT NAME)

TESTER # MO DAY YR WORK PERFORMED

REPAIRED BY (SIGNATURE) (PRINT NAME)

MO DAY YR WORK PERFORMED

FINAL TEST BY (SIGNATURE) (PRINT NAME)

TESTER # MO DAY YR WORK PERFORMED

MAIL TO:

SITE CONTACT

SITE CONTACT PHONE NUMBER

ADDRESS CORRECTION:

XC2-1C