



Backflow Prevention Device Inspection and Maintenance Report Form

Owner of Property _____ Date _____

Mailing Address _____ Examined by _____

(Town) (ST) (Zip)

Contact Person _____ Certificate # _____

Device Address _____ RPZ DCVA PVB

(Town) (ST) (Zip)

Bronze Iron St. Steel

Exact Device Location _____ Permit Number _____

_____ Make _____ Model No. _____

_____ Size _____ Serial No. _____

	Reduced Pressure Backflow Preventer			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Check Valve	Air Inlet
	Check Valve No. 1	Check Valve No. 2			
Initial Test	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____PSID	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____PSID	Opened at _____PSID Did Not Open <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____PSID	Opened at _____PSID Did Not Open <input type="checkbox"/>
Repairs					
Test After Repairs	Closed Tight <input type="checkbox"/> _____PSID	Closed Tight <input type="checkbox"/> _____PSID	Opened at <input type="checkbox"/> _____PSID	Closed Tight <input type="checkbox"/> _____PSID	Opened at _____PSID
Condition of No. 2 Shutoff Valve <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked					

Tester Certification: I certify that the foregoing test report is correct.

Witnessed by: _____ **PASS** **FAIL**

Owner Agent _____ Remarks _____

Water Works Official _____

State Official _____

Certified Tester _____