



SEND TO:

(206) 555-1213

Assembly Serial #	_____
Test Date/Time	_____
Gauge Serial #	_____
District Required Info	_____
Tester Certification #	_____
Date Certification Expires	_____

Assembly Test Results  Pass  Fail

**Backflow Assembly Test and Maintenance Report**

(Please Print)

Test # \_\_\_\_\_

<b>Account</b>	Water District/Authority _____ Account: _____ Contact Person _____
	Facility Name _____ Contact Phone # _____
	Service Address _____
	Mailing Address _____

<b>OMC</b>	Owner <input type="checkbox"/> Manager <input type="checkbox"/> Contractor <input type="checkbox"/> Other _____ Contact Person _____
	Company Name/Title _____ Contact Phone # _____
	Mailing Address _____

<b>Assembly</b>	Make: _____ Model: _____ Size: _____																								
	<input type="checkbox"/> RPZ <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> SVB <input type="checkbox"/> Air Gap <input type="checkbox"/> AVB <input type="checkbox"/> Other _____																								
	Date Installed _____ Location on Property _____																								
	(Only if Applicable - Include Previous Serial#)																								
	<input type="checkbox"/> Replacement Assembly <input type="checkbox"/> New Installation <input type="checkbox"/> Stolen <b>Previous Assembly Serial #</b> _____																								
	<table border="0"> <tr> <td style="text-align: center;"><i>Inlet</i></td> <td style="text-align: center;"><u>Orientation</u></td> <td style="text-align: center;"><i>Outlet</i></td> <td style="text-align: center;"><u>Service</u></td> <td style="text-align: center;"><u>Protection</u></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">↑ Vertical Up</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> Domestic</td> <td style="text-align: center;"><input type="checkbox"/> Containment</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">↓ Vertical Down</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> Fire</td> <td style="text-align: center;"><input type="checkbox"/> Isolation</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">→ Horizontal</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> Irrigation</td> <td style="text-align: center;"><input type="checkbox"/> Containment by Isolation</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Other</td> <td></td> </tr> </table>	<i>Inlet</i>	<u>Orientation</u>	<i>Outlet</i>	<u>Service</u>	<u>Protection</u>	<input type="checkbox"/>	↑ Vertical Up	<input type="checkbox"/>	<input type="checkbox"/> Domestic	<input type="checkbox"/> Containment	<input type="checkbox"/>	↓ Vertical Down	<input type="checkbox"/>	<input type="checkbox"/> Fire	<input type="checkbox"/> Isolation	<input type="checkbox"/>	→ Horizontal	<input type="checkbox"/>	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Containment by Isolation				<input type="checkbox"/> Other
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			<input type="checkbox"/> Other																						

Line PSI _____	Initial Test Results		Repaired			Cleaned			Re-Test Results				
	Tightness	Differential	<input type="checkbox"/> CK#1	<input type="checkbox"/> CK#2	<input type="checkbox"/> RV	<input type="checkbox"/> CK#1	<input type="checkbox"/> CK#2	<input type="checkbox"/> RV	Tightness	Differential			
Check Valve #1 CK#1: RPZ,DC,PVB,SVB	<input type="checkbox"/> Leak <input type="checkbox"/> Tight		<b>CK#1</b> <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Other _____						<input type="checkbox"/> Leak <input type="checkbox"/> Tight				
Check Valve #2 CK#2: RPZ,DC	<input type="checkbox"/> Leak <input type="checkbox"/> Tight		<b>CK#2</b> <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Other _____						<input type="checkbox"/> Leak <input type="checkbox"/> Tight				
Relief Valve RV: RPZ	/	/	<b>RV</b> <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> Other _____			/			/	/			
Buffer RPZ			<b>Repaired</b> <input type="checkbox"/> Air Inlet								<b>Cleaned</b> <input type="checkbox"/> Air Inlet		
Air Inlet PVB,SVB			<b>Air Inlet</b> <input type="checkbox"/> Poppet <input type="checkbox"/> Bonnet <input type="checkbox"/> Other _____										
Shutoff Valve #1	<input type="checkbox"/> Leak <input type="checkbox"/> Tight		<b>SOV #1</b> <input type="checkbox"/> Open Upon Arrival <input type="checkbox"/> Open Upon Departure			Back Pressure Exists <input type="checkbox"/> Yes <input type="checkbox"/> No							
Shutoff Valve #2	<input type="checkbox"/> Leak <input type="checkbox"/> Tight		<b>SOV #2</b> <input type="checkbox"/> Open Upon Arrival <input type="checkbox"/> Open Upon Departure			Cause _____							
Assembly Concerns: Incorrect Installation? <input type="checkbox"/> Incorrect Use? <input type="checkbox"/>	Test Procedure: ABPA <input type="checkbox"/> ASSE <input type="checkbox"/>		Comments _____ _____ _____										
Turn Off Date: _____	Turn On Date: _____												
Turn Off Time: _____	Turn On Time: _____												

<b>Notice</b>	Alarm Company/Fire Department Notified: _____
	Person Notified: _____ Contacted By: _____
	Turn Off Date/Time: _____ Turn On Date/Time: _____

<b>Kit</b>	Test Gauge Make: _____ Test Gauge Model: _____ Last Calibration Date: _____

<b>Tester</b>	I hereby certify that the Isolation/Shutoff Valves (SOV #1 and SOV #2) have been returned to the position in which they were found and that the test was done according to the procedure shown above required by the Water District/Authority shown above; and the test readings are true and accurate to the best of my ability.	
	(Please Print) Testing Company: _____ Phone # _____	(Please Print) Customer Name: _____ Phone # _____
	Tester Name: _____ (Please Print) (Tester) Signature: _____	(Customer) Signature: _____

(Submit a Clearly Printed Copy to the Water Purveyor)