

type company name here

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

Assembly Test Results: PASS FAIL

Backflow Prevention Device Test & Maintenance Report
 (please print and submit completed copy within 10 days of the test)

Account	Water District /Authority: _____ Account: _____ Contact Person: _____
	Facility Name: _____ Contact Phone: _____
	Service Address: _____
	Mailing Address: _____

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

Assembly	Make: _____ Model: _____ Size: _____
	Type: <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 Device _____
	Date Installed: _____ Location on Property: _____
	<input type="checkbox"/> Replacement Device previous device serial # _____
	<input type="checkbox"/> New Installation
	<input type="checkbox"/> Stolen

Orientation		Service		Protection	
Inlet:	Outlet:	<input type="checkbox"/> Domestic	<input type="checkbox"/> Fire	<input type="checkbox"/> Containment	<input type="checkbox"/> Isolation
<input type="checkbox"/> Vertical Up <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Containment by Isolation	
<input type="checkbox"/> Vertical Down <input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> Horizontal <input type="checkbox"/>	<input type="checkbox"/>				

	Line PSI:	Initial Test Results:		Repaired:			Cleaned:			Re-test Results	
	adf	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 RPZ, DC, PVB, SVB	<input type="checkbox"/> Leak <input type="checkbox"/> Tight			Ck#1 <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 RPZ, DC	<input type="checkbox"/> Leak <input type="checkbox"/> Tight			Ck#2 <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	/			RV <input type="checkbox"/> Diaphragm <input type="checkbox"/> seat <input type="checkbox"/> other:						/	
Buffer RPZ				Repaired: <input type="checkbox"/> Air Inlet			Cleaned: <input type="checkbox"/> Air Inlet				
Air Inlet Air inlet, PVB, SVB				Air Inlet <input type="checkbox"/> poppet <input type="checkbox"/> bonnet <input type="checkbox"/> other:							
Shutoff Valve #1				<input type="checkbox"/> Leak <input type="checkbox"/> Tight	SOV #1: <input type="checkbox"/> Open Upon Arrival <input type="checkbox"/> Open At Departure			Backpressure exists? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Shutoff Valve #2	<input type="checkbox"/> Leak <input type="checkbox"/> Tight	SOV #2: <input type="checkbox"/> Open Upon Arrival <input type="checkbox"/> Open At Departure			Cause: _____						

Testing & Maintenance	Assembly Concerns: (only if applicable) <input type="checkbox"/> Incorrect Installation <input type="checkbox"/> Incorrect Use	Test Procedure: <input type="checkbox"/> ABPA <input type="checkbox"/> ASSE	Comments:
	Turn off date: _____	Turn on date: _____	
	Turn off time: _____	Turn on time: _____	

Notice	Alarm Company/Fire Department Notified <input type="checkbox"/> Fire suppression contractor certification # _____
	Person Notified: _____ Contacted by: _____
	Turn off date/time: _____ Turn on date/time: _____

Kit	Test Kit Make: _____ Model: _____ Last Calibration Date: _____
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Tester	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 last 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) (please print)	
	Testing Company: _____ Phone: _____	Customer Name: _____ Phone: _____
	Tester Name: _____	Tester Signature: _____ Customer Signature: _____
	Backflow testers who test or repair assemblies on a fire line must be registered with the Colorado Division of Fire Safety.	