

Due Date: \_\_\_\_\_

Signature: Owner / Agent \_\_\_\_\_



## BACKFLOW PREVENTION ASSEMBLY TEST MAINTENANCE REPORT

Account No. : \_\_\_\_\_ Manufacturer : \_\_\_\_\_ Size : \_\_\_\_\_  
 Meter No. : \_\_\_\_\_ Model : \_\_\_\_\_ Serial Number : \_\_\_\_\_  
 Service Address : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Meter Read : \_\_\_\_\_ Proper Installation: (Y/N) \_\_\_\_\_ Detector Flow : (Y/N) \_\_\_\_\_ Inlet Water Pressure : \_\_\_\_\_ PSI

Assembly: <input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> DCDA <input type="checkbox"/> RPDA <input type="checkbox"/> DCDA-II <input type="checkbox"/> RPDA-II	REDUCED PRESSURE PRINCIPLE ASSEMBLY			PRESSURE VACUUM BREAKER	
	DOUBLE CHECK ASSEMBLY				
	Check Valve #1	Check Valve #2	Relief Valve		Air Inlet
Initial Test	<input type="checkbox"/> Tight <input type="checkbox"/> Leaked Holding PSID: _____	<input type="checkbox"/> Tight <input type="checkbox"/> Leaked Holding PSID: _____	<input type="checkbox"/> Did Not Open <input type="checkbox"/> Discharging Opening PSID: _____	<input type="checkbox"/> Did Not Open <input type="checkbox"/> Discharging Opening PSID: _____	
<b>R E P A I R S</b>	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced	<b>Check Valve</b>	
	<input type="checkbox"/> Disc / O-Ring <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Module <input type="checkbox"/> Test Cock (#1 - #2) <input type="checkbox"/> Other	<input type="checkbox"/> Disc / O-Ring <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Module <input type="checkbox"/> Test Cock (#3 - #4) <input type="checkbox"/> Other	<input type="checkbox"/> Disc / O-Ring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Spring <input type="checkbox"/> Stem <input type="checkbox"/> Seat <input type="checkbox"/> Other	Holding PSID: _____	
				<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc / O-Ring <input type="checkbox"/> Module <input type="checkbox"/> Seat <input type="checkbox"/> Other	
<b>When existing backflow assembly is replaced, complete this block and "Final Test" with new assembly information:</b>					
Size :	Manufacturer :	Model :	Serial No.:		
Final Test	<input type="checkbox"/> Closed Tight Holding PSID: _____	<input type="checkbox"/> Closed Tight Holding PSID: _____	Opening PSID: _____	Holding PSID: _____	

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TEST RESULTS - I certify the above to be true and correct.**

<b>Initial</b>	Date: _____ Cert. #: _____	Tested by : _____ Gauge #: _____ Exp. Date: _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
<b>Repair</b>	Date: _____	Repaired by : _____	
<b>Final</b>	Date: _____ Cert. #: _____	Retested by : _____ Gauge #: _____ Exp. Date: _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed

ASSEMBLY FAILURE OR CUSTOMER'S FAILURE TO TEST: In accordance with the State and Local Laws, the assembly shall be repaired or replaced within 15 days of failure. Failure of the customer to complete assembly testing and submit report(s) within the stipulated time frame shall result in the discontinuance of water service.

**Required minimum holding PSID for a #1 Check Valve on a reduced pressure principle assembly is 5.0 PSID**