

**BACKFLOW PREVENTION ASSEMBLY
TEST & MAINTENANCE FORM**
THIS FORM MUST BE COMPLETED BY AN ASSE-CERTIFIED TESTER

1. GENERAL INFORMATION

| | | | | | |
|-------------------|-------|-----------------|----------------|---------------|------|
| NAME OF FACILITY | | SERVICE ADDRESS | | SERVICE CLASS | |
| ASSEMBLY LOCATION | | HAZARD ID # | ACCOUNT NUMBER | METER # | |
| MANUFACTURER | MODEL | SERIAL NO. | | SIZE | TYPE |

2. TEST & REPAIR INFORMATION

| | CHECK VALVE NO. 1 | CHECK VALVE NO. 2 | DIFFERENTIAL PRESSURE RELIEF VALVE | PRESSURE VACUUM BREAKER |
|---------------------|---|--|---|--|
| INITIAL TEST | <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS FIRST CHECK VALVE ____ PSID | <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS SECOND CHECK VALVE ____ PSID | <input type="checkbox"/> OPEN AT ____ PSID <input type="checkbox"/> DID NOT OPEN | <input type="checkbox"/> AIR NET OPENED AT ____ PSID <input type="checkbox"/> DID NOT OPEN <input type="checkbox"/> CHECK VALVE ____ PSID <input type="checkbox"/> CHECK VALVE LEAKED |
| REPAIR | | | | |
| FINAL TEST | <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS FIRST CHECK VALVE ____ PSID | <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS SECOND CHECK VALVE ____ PSID | <input type="checkbox"/> OPEN AT ____ PSID <input type="checkbox"/> DID NOT OPEN | <input type="checkbox"/> AIR NET OPENED AT ____ PSID <input type="checkbox"/> DID NOT OPEN <input type="checkbox"/> CHECK VALVE ____ PSID <input type="checkbox"/> CHECK VALVE LEAKED |
| REMARKS | CONDITION OF NO. 2 CONTROL VALVE <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED | | LINE PRESSURE ____ PSIG | DATE _____ PASS DATE _____ FAIL |

3. APPROVALS

| | | | | | |
|---|-----------------------------|--------------|---|---------------|------|
| "I Hereby Certify that this Data is Accurate and Reflects the Proper Operation and Maintenance of the Assembly." | | | | | |
| NAME OF CERTIFIED BACKFLOW TESTER (PRINT) | | PHONE NUMBER | | BUSINESS NAME | |
| TEST GAUGE SERIAL NUMBER | | | TEST GAUGE LAST CALIBRATION DATE | | |
| INITIAL TEST | SIGNATURE OF INITIAL TESTER | | CERTIFIED TESTER NUMBER | | DATE |
| REPAIRS | SIGNATURE OF REPAIRER | | CERTIFIED TESTER NUMBER (IF APPLICABLE) | | DATE |
| FINAL TEST | SIGNATURE OF FINAL TESTER | | CERTIFIED TESTER NUMBER | | DATE |