Backflow Prevention Assembly Test & Maintenance Report

Customer Information:

Service Address Date of Test

Occupant/Business name Due Date

Meter number:

Device Information:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Check valve 1 | Check valve 2 | Pressure diff Relief valve | Air inlet valve | Shut off valves |
| Initial Test | Closed Tight  Psid  Leaked | Closed tight  Psid  Leaked | Opened at  Psid  Did not open | Opened at  Psid  Did not open | Adequate  Closure  leaking |
| Repair | Cleaned  Replaced | Cleaned  Replaced | Cleaned  Replaced | Cleaned  Exercised  Replaced | Cleaned  Exercised  Replaced |
| Final Test | psid  closed tight | Closed tight | Opened at  psid | Opened at  psid | Adequate  Closure |

Manufacturer & Model of Device size Serial #

Tester Information:

Tester Name(Print) License #

Test Gauge Used: Make/Model Serial # Accuracy Test Date

Backflow Test Status Pass Fail Comments:

I am certified to perform a field test on the above backflow assembly and the above report is certified to be a true representation of the operation of the assembly at the time of test and was performed by myself.

Signature of Licensed Tester Date of Test