Backflow Prevention Assembly Test & Maintenance Report

**Assembly Serial #**

**Test Date/Time**

**Gauge Serial #**

**District Required Info**

**Tester Certification #**

**Date Certification Expires**

**Assembly Test Results**

- [ ] Pass
- [x] Fail

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**Backflow Prevention Assembly Test & Maintenance Report**

(Conduct as if reading naturally)

**Account**

- Water District/Authority:
- Account:
- Contact Person:
- Contact Phone #:

**Service Address:**

- Facility Name:
- Service Address:
- Mailing Address:
- Owner □ Manager □ Contractor □ Other:
- Contact Person:

**Make:**

- Company Name/Title:
- Mailing Address:

**Model:**

- Make:
- Model:
- Size:
- Type: □ RPZ □ DC □ PVB □ SVB □ Air Gap □ AVB □ Other:

**Date Installed:**

- Location on Property:

**Assembly**

- Orientation: □ Inlet: □ Vertical Up □ Vertical Down □ Other:
- Service: □ Domestic □ Fire □ Irrigation □ Containment □ Isolation
- Protection: □ Containment □ Isolation □ By Isolation

**Previous Assembly Serial #**

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**Line PSI:**

- Initial Test Results
- Tightness/Differential
- Repaired: Ck#1 □ Ck#2 □ RV □
- Cleaned: Ck#1 □ Ck#2 □ RV □
- Re-Test Results
- Tightness/Differential

<table>
<thead>
<tr>
<th>Test</th>
<th>Initial</th>
<th>Repaired</th>
<th>Cleaned</th>
<th>Re-Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td>□ Leak</td>
<td>□ Tight</td>
<td>□ Leak</td>
<td>□ Tight</td>
</tr>
<tr>
<td>#2</td>
<td>□ Leak</td>
<td>□ Tight</td>
<td>□ Leak</td>
<td>□ Tight</td>
</tr>
</tbody>
</table>

**Relief Valve**

- (RV: RPZ)
- Orientation: □ RV □ diaphragm □ seat □ other:

**Buffer**

- (RPZ)
- Orientation: □ Air Inlet □ poppet □ bonnet □ other:

**Air Inlet**

- (Air Inlet: PVB,SVB)
- Orientation: □ Air Inlet □ poppet □ bonnet □ other:

**Shutoff Valve #1**

- □ Leak □ Tight
- SOV #1 Open Upon Arrival □ Open Upon Departure □
- Backpressure Exists? □ No □
- Cause:

**Shutoff Valve #2**

- □ Leak □ Tight
- SOV #2 Open Upon Arrival □ Open Upon Departure □
- Backpressure Exists? □ No □
- Cause:

**Assembly Concerns:**

- (only if applicable)
- Incorrect Installation? □ ABPA □ ASSE □
- Incorrect Use? □

**Test Procedure:**

- Comments:

**Turn Off Date:** / /
- Turn On Date:
- Turn Off Time:
- Turn On Time:

**Alarm Company/Fire Department Notified:**

- Person Notified:
- Turn Off Date/Time:
- Turn On Date/Time:

**Kit**

- Test Gauge Make:
- Model:
- Last Calibration Date: / /

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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.

**Tester**

- Testing Company:
- Phone #:
- Customer Name:
- Phone #:

- Tester Name:

**Signature:**

Customer Name: ________________________      Phone #:______________

Testing Company: _____________________________  Phone #: _____________