



BACKFLOW PREVENTION DEVICE TEST & MAINTENANCE REPORT 20__

Water Supplier: _____ Meter Acct.# _____

Service Name: _____

Street: _____ City _____ State: _____ Zip: _____

Contact Person: _____ Title: _____ Phone: _____

Owner/Management Co./Contractor: _____

Street: _____ City _____ State: _____ Zip: _____

Contact Person _____ Title: _____ Phone: _____

Existing _____ New _____ Replacement for _____

Use: Domestic _____ Fire _____ Irrigation _____ Isolation _____ Containment _____

Device Type: Reduced Pressure _____ Double Check _____ Pressure Vacuum Breaker _____

Manufacturer: _____ Model: _____ Size: _____ SERIAL NO. _____

Date Installed: _____ Last Inspection/Test: _____ Mainline Pressure: _____ PSI

Location: _____

Reduced Pressure Type			Double Check Type			Retest		
	Leak Tightness			Leak Tightness			Leak Tightness	
Check #1		____ PSI	Check #1	__Tight __Leaked	____ PSI	Air Inlet		____ PSI
Check #2	__Tight __Leaked	____ PSI	Check #2	__Tight __Leaked	____ PSI	Check #1	__Tight __Leaked	____ PSI
Relief Valve		____ PSI	Pressure Vacuum Breaker			Check #2	__Tight __Leaked	____ PSI
Buffer Zone		____ PSI		Leak Tightness		Relief Valve		____ PSI
Shutoff Valve 1	__Tight __Leaked		Air Inlet Open		____ PSI	Buffer Zone		____ PSI
Shutoff Valve 2	__Tight __Leaked		Check #1	__Tight __Leaked	____ PSI			

Device Mechanical Test: **Passed** **Failed**

If the Mechanical Test fails, the Water Purveyor/Authority must be notified immediately and repairs made as soon as possible.

Explain Failures/Repairs in Detail: _____

Alarm Company/Fire Department Notification: _____

Turn Off Date: _____ Time: _____ Turn On Date: _____ Time: _____

Technician certifies this device has been tested in accordance with A.S.S.E. Procedure: 5010-

Tester Name: _____ Certification No: _____ Expires: _____

Tester Signature: _____ Test Date: _____ Time: _____

Test Gauge: _____ Gauge Re-Cert Date: _____

Owner or Agent Signature: _____

Signature indicates Verification by Signer that Isolation Valves are in the Open Position after test.

Must retain a copy of this report for a minimum of three years.