



BACKFLOW PREVENTION DEVICE TEST & MAINTENANCE REPORT

City of Arvada

Water Supplier: _____ 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: _____ Boiler: _____ Process: _____

Containment: _____ Isolation: _____

Type - Reduced Pressure: _____ Double Check: _____ Pressure VB: _____ Spill Resistant VB _____

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 <input type="checkbox"/> Failed <input type="checkbox"/>		

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 Procedure: _____

Company: _____ Phone: _____

Tester Name: _____ Certification No: _____ Expires: _____ Phone: _____

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.