



APN # \_\_\_\_\_  
 Premise # \_\_\_\_\_  
 Invoice # \_\_\_\_\_

**BACKFLOW PREVENTION ASSEMBLY TEST  
 AND MAINTENANCE REPORT**

NEW INSTALLATION      ANNUAL TEST      REPLACEMENT INSTALLATION

ACCOUNT NAME: \_\_\_\_\_ MAIL TO: \_\_\_\_\_  
 SERVICE ADDRESS: \_\_\_\_\_  
 LOCATION OF DEVICE: \_\_\_\_\_

TYPE OF SERVICE:     DOMESTIC     FIRE     IRRIGATION     MECHANICAL     CONSTRUCTION WATER  
                            FIRE GLYCOL ASSEMBLY     PRIVATE LOOP     OTHER  
 TYPE OF DEVICE     DC     RP     RPDA     DCDA     PVB     SVB

MANUFACTURER \_\_\_\_\_ MODEL \_\_\_\_\_ SIZE \_\_\_\_\_ SERIAL NUMBER \_\_\_\_\_

**REDUCED PRESSURE PRINCIPLE ASSEMBLY (RP)**

**DOUBLE CHECK VALVE ASSEMBLY**

INITIAL TEST	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	PVB / SBV
APPARENT READING	PSID _____ 2. LEAKED <input type="checkbox"/>	PSID _____ 2. CLOSED TIGHT <input type="checkbox"/> 3. LEAKED <input type="checkbox"/>	OPENED AT _____ PSID _____ DID NOT OPEN <input type="checkbox"/>	AIR INLET OPENED AT _____ PSID _____ DID NOT OPEN <input type="checkbox"/>

**REPAIRS**

FINAL TEST	CLEANED <input type="checkbox"/> REPLACED: DISC <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> PIN RETAINER <input type="checkbox"/> HINGE PIN <input type="checkbox"/> SEAT <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> OTHER <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED: DISC <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> PIN RETAINER <input type="checkbox"/> HINGE PIN <input type="checkbox"/> SEAT <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> OTHER <input type="checkbox"/>	CLEANED <input type="checkbox"/> CLEANED SENSING LINE <input type="checkbox"/> REPLACED: DISC: UPPER <input type="checkbox"/> LOWER <input type="checkbox"/> SPRING <input type="checkbox"/> DIAPHRAGM: LARGE: UPPER <input type="checkbox"/> LOWER <input type="checkbox"/> SMALL <input type="checkbox"/> SEAT: UPPER <input type="checkbox"/> LOWER <input type="checkbox"/> SPACER: LOWER <input type="checkbox"/> OTHER <input type="checkbox"/>	CHECK VALVE HELD AT _____ PSID _____ LEAKED <input type="checkbox"/> CLEANED REPLACED: AIR INLET: DISC <input type="checkbox"/> CHECK DISC <input type="checkbox"/> AIR INLET: SPRING <input type="checkbox"/> CHECK SPRING <input type="checkbox"/> OTHER <input type="checkbox"/>
	<b>FIRE SERVICE LOW FLOW</b>			
	METER READ _____			
	BYPASS _____ OPEN _____ CLOSED _____			

APPARENT READING	RP/DC _____ PSID _____ 2. LEAKED <input type="checkbox"/>	1. CLOSED TIGHT <input type="checkbox"/> 2. DC _____ PSID _____ 3. LEAKED <input type="checkbox"/>	OPENED AT _____ PSID _____ REDUCED PRESSURE	AIR INLET _____ PSID _____ CHECK VALVE _____ PSID _____
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COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

INITIAL TEST BY: \_\_\_\_\_ COMPANY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 PASS:  FAIL:  AWWA TESTER #: \_\_\_\_\_ GAUGE #: \_\_\_\_\_

FINAL TEST BY: \_\_\_\_\_ COMPANY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 PASS:  FAIL:  AWWA TESTER #: \_\_\_\_\_ GAUGE #: \_\_\_\_\_