

APN # \_\_\_\_\_  
 Account # \_\_\_\_\_

**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:  Irrig:  Mechanical:  Other: \_\_\_\_\_   
 Type of Device: DC:  RP:  RPDA:  DCDA:  PVB  SVB

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

INITIAL TEST	Reduced Pressure Principle Assembly (RP)			PVB / SVB
	Double Check Valve Assembly		Relief Valve	
Apparent Reading	Check Valve 1	Check Valve 2	Relief Valve	PVB / SVB
_____ PSID	_____ PSID	_____ PSID	Opened at _____ PSID	Air Inlet _____ PSID
Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>
<b>REPAIRS</b>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Check Valve Held at _____ PSID
	Replaced: Disc <input type="checkbox"/>	Replaced: Disc <input type="checkbox"/>	Cleaned Sensing Line <input type="checkbox"/>	Leaked <input type="checkbox"/>
	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Replaced: Disc: Upper <input type="checkbox"/>	Cleaned <input type="checkbox"/>
	Guide <input type="checkbox"/>	Guide <input type="checkbox"/>	Lower <input type="checkbox"/>	Replaced: Air Inlet: Disc <input type="checkbox"/>
	Pin Retainer <input type="checkbox"/>	Pin Retainer <input type="checkbox"/>	Spring <input type="checkbox"/>	Check Disc <input type="checkbox"/>
	Hinge Pin <input type="checkbox"/>	Hinge Pin <input type="checkbox"/>	Diaphragm: Large: Upper <input type="checkbox"/>	Air Inlet: Spring <input type="checkbox"/>
	Seat <input type="checkbox"/>	Seat <input type="checkbox"/>	Lower <input type="checkbox"/>	Check Spring <input type="checkbox"/>
	Diaphragm <input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Small <input type="checkbox"/>	Other <input type="checkbox"/>
	Other <input type="checkbox"/>	Other <input type="checkbox"/>	Seat: Upper <input type="checkbox"/>	_____
	_____	_____	Lower <input type="checkbox"/>	_____
_____ PSID	_____ PSID	_____ PSID	Opened at _____ PSID	Air Inlet _____ PSID
Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Leaked <input type="checkbox"/>	_____	Check Valve _____ PSID

Comments: \_\_\_\_\_

Initial Test By: \_\_\_\_\_ Company: \_\_\_\_\_ Test Date: \_\_\_\_\_

Pass:  Fail:  AWWA Tester #: \_\_\_\_\_ Gauge #: \_\_\_\_\_

Final Test by: \_\_\_\_\_ Company: \_\_\_\_\_ Test Date: \_\_\_\_\_

Pass:  Fail:  AWWA Tester #: \_\_\_\_\_ Gauge #: \_\_\_\_\_