



# BACKFLOW ASSEMBLY TEST AND MAINTENANCE REPORT

PWS No. 1390002

**SUBMIT A SEPARATE SIGNED AND DATED ORIGINAL FOR EACH ASSEMBLY WITHIN 10 DAYS OF TEST**

**SITE INFORMATION**

Name of Business: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Contact Email: \_\_\_\_\_

**TYPE OF ASSEMBLY** (select only one)

- Reduced Pressure Principal     
  Pressure Vacuum Breaker     
  Reduced Pressure Principal – Detector  
 Double Check Valve     
  Spill-Resistant Pressure Vacuum Breakers     
  Double Check - Detector

**ASSEMBLY INFORMATION**

Manufacturer: \_\_\_\_\_ Model Number: \_\_\_\_\_  
 Size: \_\_\_\_\_ Located At: \_\_\_\_\_  
 Serial Number: \_\_\_\_\_

**REPLACEMENT ASSEMBLY** Serial Number of **OLD** assembly \_\_\_\_\_ Model Number \_\_\_\_\_

The assembly is installed in accordance with manufacturer recommendations and/or local codes:     YES     NO  
 Irrigation double check initial test only

**TEST INFORMATION**

<small>USE ONLY MANUFACTURER'S REPLACEMENT PARTS</small>	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check			
Initial Test	Held at ____ psid Closed tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at ____ psid Closed tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at ____ psid Did not open <input type="checkbox"/>	Opened at ____ psid Did not open <input type="checkbox"/>	Held at ____ psid Leaked <input type="checkbox"/>
Repairs and Materials Used					
Test After Repair	Held at ____ psid Closed tight <input type="checkbox"/>	Held at ____ psid Closed tight <input type="checkbox"/>	Opened at ____ psid	Opened at ____ psid	Held at ____ psid

**TEST GAUGE INFORMATION**

Make/Model: \_\_\_\_\_ Serial No.: \_\_\_\_\_ Calibration Date: \_\_\_\_\_  
 Remarks: \_\_\_\_\_

**TESTER INFORMATION. ALL FIELDS ARE REQUIRED.**

Firm Name: \_\_\_\_\_ Certified Tester Name: \_\_\_\_\_  
 Firm Address: \_\_\_\_\_ Tester Certification No.: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Tester Signature \_\_\_\_\_ Test Date \_\_\_\_\_

*Test Records Must Be Kept For At Least Three Years*