



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