

**BACKFLOW PREVENTION ASSEMBLY  
TEST & MAINTENANCE FORM**  
*THIS FORM MUST BE COMPLETED BY AN ASSE-CERTIFIED TESTER*

**1. GENERAL INFORMATION**

NAME OF FACILITY		SERVICE ADDRESS		SERVICE CLASS	
ASSEMBLY LOCATION		HAZARD ID #	ACCOUNT NUMBER	METER #	
MANUFACTURER	MODEL	SERIAL NO.		SIZE	TYPE

**2. TEST & REPAIR INFORMATION**

	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
<b>INITIAL TEST</b>	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS FIRST CHECK VALVE ____ PSID	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS SECOND CHECK VALVE ____ PSID	<input type="checkbox"/> OPEN AT ____ PSID <input type="checkbox"/> DID NOT OPEN	<input type="checkbox"/> AIR NET OPENED AT ____ PSID <input type="checkbox"/> DID NOT OPEN <input type="checkbox"/> CHECK VALVE ____ PSID <input type="checkbox"/> CHECK VALVE LEAKED
<b>REPAIR</b>				
<b>FINAL TEST</b>	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS FIRST CHECK VALVE ____ PSID	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS SECOND CHECK VALVE ____ PSID	<input type="checkbox"/> OPEN AT ____ PSID <input type="checkbox"/> DID NOT OPEN	<input type="checkbox"/> AIR NET OPENED AT ____ PSID <input type="checkbox"/> DID NOT OPEN <input type="checkbox"/> CHECK VALVE ____ PSID <input type="checkbox"/> CHECK VALVE LEAKED
<b>REMARKS</b>	CONDITION OF NO. 2 CONTROL VALVE <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED		LINE PRESSURE ____ PSIG	DATE _____ PASS DATE _____ FAIL

**3. APPROVALS**

<b>"I Hereby Certify that this Data is Accurate and Reflects the Proper Operation and Maintenance of the Assembly."</b>					
NAME OF CERTIFIED BACKFLOW TESTER (PRINT)		PHONE NUMBER		BUSINESS NAME	
TEST GAUGE SERIAL NUMBER			TEST GAUGE LAST CALIBRATION DATE		
INITIAL TEST	SIGNATURE OF INITIAL TESTER		CERTIFIED TESTER NUMBER		DATE
REPAIRS	SIGNATURE OF REPAIRER		CERTIFIED TESTER NUMBER (IF APPLICABLE)		DATE
FINAL TEST	SIGNATURE OF FINAL TESTER		CERTIFIED TESTER NUMBER		DATE