

# BACKFLOW PREVENTION ASSEMBLY TEST & MAINTENANCE FORM

**THIS FORM MUST BE COMPLETED BY A 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	IS THIS DEVICE PROVIDING: <input type="checkbox"/> CONTAINMENT <input type="checkbox"/> ISOLATION	LINE PRESSURE ____PSIG	DATE _____PASS DATE _____ FAIL

## 3. HAZARD ASSESSMENT & TESTER CONFIRMATION

<b>Risk Assessment</b>	Are there any new risks or hazards, previously unidentified risks or hazards, or previously identified risk(s) or hazard(s) which have increased that you observed at the premise? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, please describe the new or increased risk or hazard: _____
<b>Tester Statement</b>	To the best of the tester's knowledge, information and belief, the tester did not observe and/or is not aware of any condition or activity, other than that identified in the question above, that would indicate that the backflow prevention assembly in place at this location, is not appropriate to the level of hazard observed by the tester.
<b>Confirmation</b>	<input type="checkbox"/> Confirm

## 4. 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 REPAIRER NUMBER (IF APPLICABLE)	DATE
FINAL TEST	SIGNATURE OF FINAL TESTER	CERTIFIED TESTER NUMBER	DATE