



# BACKFLOW PREVENTION ASSEMBLY ANNUAL TEST AND MAINTENANCE REPORT

DATE: \_\_\_\_\_

SITE: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

<b>ASSEMBLY INFORMATION</b>		<input type="checkbox"/> RP	<input type="checkbox"/> DC	<input type="checkbox"/> Other:		
Make		Model	Size	Serial #		

<b>INSTALLATION TYPE:</b>	<input type="checkbox"/> Containment	<input type="checkbox"/> Isolation				
<b>SYSTEM TYPE:</b>	<input type="checkbox"/> Domestic	<input type="checkbox"/> Fire	<input type="checkbox"/> Lawn Irrigation	<input type="checkbox"/> Boiler	<input type="checkbox"/> Other:	
<b>LOCATION:</b>	<input type="checkbox"/> Basement	<input type="checkbox"/> 1st Floor	<input type="checkbox"/> Outside	<input type="checkbox"/> Vault	<input type="checkbox"/> Other:	

LINE PRESSURE: \_\_\_\_\_

BACKFLOW PREVENTER	Check Valve #1	Check Valve #2	Relief Valve Opening Point	Outlet Valve
INITIAL TEST	<input type="checkbox"/> Pass <input type="checkbox"/> Fail    _____ psid	<input type="checkbox"/> Pass <input type="checkbox"/> Fail    _____ psid	<input type="checkbox"/> Pass <input type="checkbox"/> Fail    _____ psid	<input type="checkbox"/> Pass <input type="checkbox"/> Fail    _____ psid
DESCRIBE REPAIR AND MATERIALS USED				
RE-TEST AFTER REPAIR	<input type="checkbox"/> Pass <input type="checkbox"/> Fail    _____ psid	<input type="checkbox"/> Pass <input type="checkbox"/> Fail    _____ psid	<input type="checkbox"/> Pass <input type="checkbox"/> Fail    _____ psid	<input type="checkbox"/> Pass <input type="checkbox"/> Fail    _____ psid

PRESSURE VACUUM BREAKER	Air Inlet Valve	Check Valve
INITIAL TEST	<input type="checkbox"/> Pass <input type="checkbox"/> Fail    _____ psig	<input type="checkbox"/> Pass <input type="checkbox"/> Fail    _____ psig
DESCRIBE REPAIR AND MATERIALS USED		
RE-TEST AFTER REPAIR	<input type="checkbox"/> Pass <input type="checkbox"/> Fail    _____ psig	<input type="checkbox"/> Pass <input type="checkbox"/> Fail    _____ psig

**TESTER CERTIFICATION:** I hereby certify that I have personally tested the above backflow prevention assembly, that the assembly is in proper operating condition, and that the above data is correct.

Tester Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Certification # \_\_\_\_\_ Cert. Expires: \_\_\_\_\_

**FACILITY CERTIFICATION:** I hereby certify that the above backflow prevention assembly has been in constant use at this location during the entire prescribed interval between test periods and during that period this assembly was not bypassed, make inoperative or removed without proper authorization. All defects found during the operation period or during tests of assembly were satisfactorily corrected without delay. I further certify that I have the responsibility and authority to insure the above.

Owner/Representative: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_