

Due Date: _____

Signature: Owner / Agent _____



BACKFLOW PREVENTION ASSEMBLY TEST MAINTENANCE REPORT

*** Denotes required field for portal submission.**

Account No: _____ * Manufacturer: _____ * Size: _____

* Meter No: _____ * Model: _____ * Serial Number: _____

* Service Address: _____

* Meter read: _____ Proper Installation: Yes No Detector Flow: Yes No Inlet PSI: _____

Assembly: <input type="checkbox"/> Air Gap <input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> DCDA <input type="checkbox"/> RPDA <input type="checkbox"/> DCDA-II <input type="checkbox"/> RPDA-II	REDUCED PRESSURE PRINCIPAL ASSEMBLY			PRESSURE VACUUM BREAKER
	DOUBLE CHECK ASSEMBLY			
	Check Valve #1	Check Valve #2	Relief Valve	Air Inlet
Initial Test	<input type="checkbox"/> Tight <input type="checkbox"/> Leaked Holding PSID: _	<input type="checkbox"/> Tight <input type="checkbox"/> Leaked Holding PSID: _	<input type="checkbox"/> Did Not Open <input type="checkbox"/> Discharging Opening PSID: _	<input type="checkbox"/> Did Not Open <input type="checkbox"/> Discharging Opening PSID: _
R E P A I R S	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced	Check Valve
	<input type="checkbox"/> Disc / O-Ring <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Module <input type="checkbox"/> Test Cock (#1 - #2) <input type="checkbox"/> Other	<input type="checkbox"/> Disc / O-Ring <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Module <input type="checkbox"/> Test Cock (#3 - #4) <input type="checkbox"/> Other	<input type="checkbox"/> Disc / O-Ring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Spring <input type="checkbox"/> Stem <input type="checkbox"/> Seat <input type="checkbox"/> Other	Holding PSID: _ <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc / O-Ring <input type="checkbox"/> Module <input type="checkbox"/> Seat <input type="checkbox"/> Other
When existing backflow assembly is replaced, complete this block and "Final Test" with new assembly information:				
Size:	Manufacturer:	Model:	Serial No.:	
Test	<input type="checkbox"/> Closed Tight Holding PSID: _	<input type="checkbox"/> Closed Tight Holding PSID: _	Opening PSID: _	Opening PSID: _ Holding PSID: _
AIR GAP INSPECTION: Pass <input type="checkbox"/> Fail <input type="checkbox"/> Supply pipe diameter: _____ Air Gap Separation: _____				

Comments: _____

TEST RESULTS - I certify the above to be true and correct.

Initial	Date: Cert. #:	Tested by: Gauge #:	Exp. Date: Exp. Date:	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
Repair	Date:	Repaired by:		
Final	Date: Cert. #:	Retested by: Gauge #:	Exp. Date: Exp. Date:	<input type="checkbox"/> Passed <input type="checkbox"/> Failed

ASSEMBLY FAILURE OR CUSTOMER'S FAILURE TO TEST: In accordance with the State and Local Laws, the assembly shall be repaired or replaced within 15 days of failure. Failure of the customer to complete assembly testing and submit report(s) within the stipulated time frame shall result in the discontinuance of water service.

Required minimum holding PSID for a #1 Check Valve on a reduced pressure principle assembly is 5.0 PSID

Revised 06/12/2024