

TYPE COMPANY NAME HERE

Assembly Serial #:	_____
Test Date/Time:	_____
Gauge Serial #:	_____
District Required Info:	_____
Tester Certification #:	_____
Date Certification Expires:	_____

Assembly Test Results:  PASS  FAIL

**Backflow Prevention Device Test & Maintenance Report**  
*(please print and submit completed copy within 10 days of the test)*

<b>Account</b>	Water District /Authority: _____ Account: _____ Contact Person: _____
	Facility Name: _____ Contact Phone: _____
	Service Address: _____
	Mailing Address: _____

<b>OMC</b>	<input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Contractor <input type="checkbox"/> Other _____ Contact Person: _____
	Company Name/Title: _____ Contact Phone: _____
	Mailing Address: _____

<b>Assembly</b>	Make: _____ Model: _____ Size: _____
	Type: <input type="checkbox"/> RPZ <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> SVB <input type="checkbox"/> Air Gap <input type="checkbox"/> AVB <input type="checkbox"/> Other Device _____
	Date Installed: _____ Location on Property: _____
	<input type="checkbox"/> Replacement Device previous device serial #: _____
	<input type="checkbox"/> New Installation
	<input type="checkbox"/> Stolen

<b>Orientation</b>		<b>Service</b>		<b>Protection</b>	
Inlet:	Outlet:	<input type="checkbox"/> Domestic	<input type="checkbox"/> Fire	<input type="checkbox"/> Containment	<input type="checkbox"/> Isolation
<input type="checkbox"/> Vertical Up <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Containment by Isolation	
<input type="checkbox"/> Vertical Down <input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> Horizontal <input type="checkbox"/>	<input type="checkbox"/>				

	Line PSI:	Initial Test Results:		Repaired:	Cleaned:	Re-test Results			
		Tightness:	Differential:	<input type="checkbox"/> Ck#1 <input type="checkbox"/> Ck#2 <input type="checkbox"/> RV	<input type="checkbox"/> Ck#1 <input type="checkbox"/> Ck#2 <input type="checkbox"/> RV	Tightness:	Differential:		
<b>Testing &amp; Maintenance</b>	Check Valve #1: RPZ, DC, PVB, SVB	<input type="checkbox"/> Leak <input type="checkbox"/> Tight		Ck#1: <input type="checkbox"/> disc <input type="checkbox"/> spring <input type="checkbox"/> seat <input type="checkbox"/> other:		<input type="checkbox"/> Leak <input type="checkbox"/> Tight			
	Check Valve #2: RPZ, DC	<input type="checkbox"/> Leak <input type="checkbox"/> Tight		Ck#2: <input type="checkbox"/> disc <input type="checkbox"/> spring <input type="checkbox"/> seat <input type="checkbox"/> other:		<input type="checkbox"/> Leak <input type="checkbox"/> Tight			
	Relief Valve: RV, RPZ	/		RV: <input checked="" type="checkbox"/> Diaphragm <input type="checkbox"/> seat <input type="checkbox"/> other:					
	Buffer: RPZ			Repaired: <input type="checkbox"/> Air Inlet					Cleaned: <input type="checkbox"/> Air Inlet
	Air Inlet: Air inlet, PVB, SVB			Air Inlet: <input type="checkbox"/> poppet <input type="checkbox"/> bonnet <input type="checkbox"/> other:					
	Shutoff Valve #1: <input type="checkbox"/> Leak <input type="checkbox"/> Tight			SOV #1: <input type="checkbox"/> Open Upon Arrival <input type="checkbox"/> Open At Departure					Backpressure exists? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Shutoff Valve #2: <input type="checkbox"/> Leak <input type="checkbox"/> Tight	SOV #2: <input type="checkbox"/> Open Upon Arrival <input type="checkbox"/> Open At Departure	Cause						

<b>Testing &amp; Maintenance</b>	Assembly Concerns: <i>(only if applicable)</i> <input type="checkbox"/> Incorrect Installation <input type="checkbox"/> Incorrect Use Turn off date: _____ Turn off time: _____	Test Procedure: <input type="checkbox"/> ABPA <input type="checkbox"/> ASSE Turn on date: _____ Turn on time: _____	Comments: _____
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<b>Notice</b>	Alarm Company/Fire Department Notified : <input type="checkbox"/> Fire Suppression Contractor Registration # : _____
	Person Notified: _____ Contacted by: _____
	Turn off date/time: _____ Turn on date/time: _____

<b>Kit</b>	Test Kit Make: _____ Model: _____ Last Calibration Date: _____
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<b>Tester</b>	<i>I hereby certify that the isolation/Shutoff Valves (SOV #1 and SOV #2) have been returned to the position in which they were found and that the last test was done according to the procedure shown above required by the Water District/Authority shown above) and the test readings are true and accurate to the best of my ability.</i>		
	(please print) Testing Company/Tester Name: _____	(please print) Customer Name: _____	Phone _____
	(please print) Phone Number: _____	Tester Signature: _____	Customer Signature: _____

Backflow testers who test or repair assemblies on a fire line must be registered with the Colorado Division of Fire Safety.