

Assembly Serial #: \_\_\_\_\_  
 Test Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Gauge Serial #: \_\_\_\_\_  
 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. Incomplete forms will not be accepted.)*

**Account**  
 Water District /Authority: \_\_\_\_\_ Account: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Facility Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
**Service Address:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_

**OMC**  
 Owner  Manager  Contractor  Other \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Company Name/Title: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_

**Assembly**  
 Make: \_\_\_\_\_ Model: \_\_\_\_\_ Size: \_\_\_\_\_  
 Type:  RPZ  DC  PVB  SVB  Air Gap  AVB  Other Device \_\_\_\_\_  
 Date Installed: \_\_\_\_\_ Location on Property: \_\_\_\_\_  
 Replacement Device  New Installation  Stolen  
 previous device serial # \_\_\_\_\_  
Orientation Service Protection  
 Inlet: \_\_\_\_\_ Outlet: \_\_\_\_\_  
 Vertical Up  Vertical Down  Horizontal  
 Domestic  Fire  Irrigation  Other: \_\_\_\_\_  
 Containment  Isolation  Containment by Isolation

	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	
Check Valve #1 RPZ, DC, PVB, SVB	<input type="checkbox"/> Leak <input type="checkbox"/> Tight			<b>Ck#1</b> <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			<b>Ck#2</b> <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	/			<b>RV</b> <input 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				<b>Air Inlet</b> <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		Cause			
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								

**Testing & Maintenance**  
 Assembly Concerns: (only if applicable)  
 Incorrect Installation  Incorrect Use  
 Turn off date: \_\_\_\_\_ Turn on date: \_\_\_\_\_  
 Turn off time: \_\_\_\_\_ Turn on time: \_\_\_\_\_  
 Test Procedure:  ABPA  ASSE  
 Comments: \_\_\_\_\_

**Notice**  
 Alarm Company/Fire Department Notified  Fire suppression contractor certification #: \_\_\_\_\_  
 Person Notified: \_\_\_\_\_ Contacted by: \_\_\_\_\_  
 Turn off date: \_\_\_\_\_ Turn off time: \_\_\_\_\_ Turn on date: \_\_\_\_\_ Turn on time: \_\_\_\_\_

**Kit**  
 Test Kit Make: \_\_\_\_\_ Model: \_\_\_\_\_ Last Calibration Date: \_\_\_\_\_

**Tester**  
 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.  
 (please print) (please print)  
 Testing Company: \_\_\_\_\_ Phone \_\_\_\_\_ Customer Name: \_\_\_\_\_ Phone \_\_\_\_\_  
 (please print)  
 Tester Name: \_\_\_\_\_ 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.