



- New
- Existing
- Replacement

Permit # _____
 Serial # _____
 Replacement Serial # _____

Backflow Prevention Assembly Test and Maintenance Report Property Information

Property Owner or Business Name: _____

Property Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Size: _____ Manufacturer: _____ Model: _____

PVB SVB DC DCDA RP RPDA AIR GAP OTHER

Detailed Assembly Location: _____

Protection From: _____ Meter #: _____

Test Gauge Used

Manufacturer/Model: _____

Is the assembly installed in accordance with manufacturer's recommendations and or local Code? ___Yes ___No					
Test Date / /	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Assembly		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check		Opened at ___psid	Held at ___psid
Initial Test	Held at _____ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ psid Did not open <input type="checkbox"/>	Did not open <input type="checkbox"/>	Leaked <input type="checkbox"/>
Repairs and Material Used				Opened at ___psid	Held at ___psid
Test After Repaired Date:	Held at _____ psid Closed Tight <input type="checkbox"/>	Held at _____ psid Closed Tight <input type="checkbox"/>	Opened at _____ psid		

SN: _____

Calibration Date: ____/____/____

Remarks:

Tester Name: _____

Company Name: _____

Company Address: _____

Phone #: _____

Test Acknowledge By: _____

Cert. Tester No.: _____