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**Test Report #:**

Water Authority:	_____
Assembly Serial #:	_____
Test Date:	_____ Time: _____
Gauge Serial #:	_____
:	_____
Tester Certification #:	_____
Date Certification Expires:	_____

Assembly Test Results:  Pass Initial  Pass Final  Fail

**Backflow Prevention Device Test & Maintenance Report**

*(please print and submit completed copy within 10 days of the test)*

<b>Account</b>	Facility Name: _____	Contact Person: _____
	Service Address: _____	Contact Phone: _____

<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: _____		
	Replacement Device _____ Orientation _____ Service _____ Protection _____		
Previous device serial # _____	Inlet: <input type="checkbox"/> Vertical Up <input type="checkbox"/> Vertical Down <input type="checkbox"/> Horizontal	Outlet: <input type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Irrigation <input type="checkbox"/> Other: _____	<input type="checkbox"/> Containment <input type="checkbox"/> Isolation <input type="checkbox"/> Containment by Isolation
<input type="checkbox"/> New Installation <input type="checkbox"/> Stolen			

Testing & Maintenance	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>Check Valve #1</b> RPZ, DC, PVB, SVB	<input type="checkbox"/> Leak <input type="checkbox"/> Tight			<input type="checkbox"/> 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			
<b>Check Valve #2</b> RPZ, DC	<input type="checkbox"/> Leak <input type="checkbox"/> Tight			<input type="checkbox"/> 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			
<b>Relief Valve</b> RV, RPZ	/			<input type="checkbox"/> RV	<input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> Other: _____								
<b>Buffer</b> RPZ				<input type="checkbox"/> Air Inlet:	<input type="checkbox"/> Repaired <input type="checkbox"/> Cleaned								
<b>Air Inlet</b> Air inlet, PVB, SVB				<input type="checkbox"/> Air Inlet:	<input type="checkbox"/> Poppet <input type="checkbox"/> Bonnet <input type="checkbox"/> Other: _____								
<b>Shutoff Valve #1</b>	<input type="checkbox"/> Leak <input type="checkbox"/> Tight	<input type="checkbox"/> SOV #1	<input type="checkbox"/> Open upon arrival <input type="checkbox"/> Open upon departure	Backpressure exists? <input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>Shutoff Valve #2</b>	<input type="checkbox"/> Leak <input type="checkbox"/> Tight	<input type="checkbox"/> SOV #2	<input type="checkbox"/> Open upon arrival <input type="checkbox"/> Open upon departure	Cause: _____									
<b>Assembly Concerns:</b> <i>(only if applicable)</i> <input type="checkbox"/> Incorrect Installation <input type="checkbox"/> Incorrect Use		<b>Test Procedure:</b> <input type="checkbox"/> ABPA <input type="checkbox"/> ASSE		<b>Comments:</b> _____									

<b>Notice</b>	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: _____

<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>			
	<i>(please print)</i>		<i>(please print)</i>	
	Testing Company: _____	Phone: _____	Customer Name: _____	Phone: _____
	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.