**Backflow Prevention Assembly Field Testing and Maintenance Report**

Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assembly Information**

**□** Existing **□** New □ Replacement Replaces Serial # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mfg.:  | Model:  | Type:  | Size:  | Serial: |

Assembly Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose

□ Irrigation □ Meter □ Fire □ Pool □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Detector Assembly: Paired with Serial No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the assembly installed in accordance with manufacturer’s recommendations and or local codes?  □ Yes □ No

|  |  |  |
| --- | --- | --- |
|  | **Reduced Pressure Principle Assembly** | **Pressure Vacuum Breaker** |
| **Double Check Valve Assembly** |  | **Air Inlet** | **Check Valve** |
| **Check Valve 1** | **Check Valve 2** | **Relief Valve** | Opened at PSID Held at PSID |
| **Test Date****\_\_\_\_\_\_\_\_\_****Initial Test**Pass □ Fail □ | Held at PSID Closed Tight □ Leaked □ | Held at PSID Closed Tight □ Leaked □ | Opened at PSID Did Not Open □ | Did Not Open □  | Leaked □ |
| **Test Date****\_\_\_\_\_\_\_\_\_\_****Final Test**Pass □ Fail □ | Held at PSID Closed Tight □ Leaked □ | Held at PSID Closed Tight □ Leaked □ | Opened at PSID Did Not Open □ | Did Not Open □  | Leaked □ |
| Remarks: |

Tester Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cert. Agency & No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that all information on this report is true and correct, and acknowledge incomplete reports will not be accepted.