Email Form | Print Form

Test Report #:

Add Company Logo Here

Company Name:

Water Authority:
Assembly Serial #:
Test Date: Time:
Gauge Serial #:
Account # :
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)

Account

Facility Name
Service Address:
Contact Person:
Contact Phone:

OMC

☐ Owner ☐ Manager ☐ Contractor ☐ Other
Company Name/Title:
Mailing Address:
Contact Person:
Contact Phone:

Assembly

Make: Model: Size:
Type: ☐ RPZ ☐ DC ☐ PVB ☐ SVB ☐ Air Gap ☐ AVB ☐ Other Device
Date Installed: Location on Property:

Replacement Device
Previous device serial #
☐ New Installation
☐ Stolen

Orientation
Inlet:
☐ Vertical Up
☐ Vertical Down
☐ Horizontal
Outlet:
☐ ☐ ☐

Service
☐ Domestic
☐ Fire
☐ Irrigation
☐ Other:

Protection
☐ Containment
☐ Isolation
☐ Containment by Isolation

Testing & Maintenance

Line PSI:

	Initial Test Results: Tightness	Initial Test Results: Differential	Repaired: / Cleaned:	Re-test Results: Tightness	Re-test Results: Differential
Check Valve #1 RPZ, DC, PVB, SVB	☐ Leak ☐ Tight		Repaired: ☐ Ck#1 ☐ Ck#2 ☐ RV — Cleaned: ☐ Ck#1 ☐ Ck#2 ☐ RV Ck#1: ☐ disc ☐ spring ☐ seat ☐ other:	☐ Leak ☐ Tight	
Check Valve #2 RPZ, DC	☐ Leak ☐ Tight		Ck#2: ☐ disc ☐ spring ☐ seat ☐ other:	☐ Leak ☐ Tight	
Relief Valve RV, RPZ			RV: ☐ Diaphragm ☐ Seat ☐ Other:		
Buffer RPZ			Air Inlet: ☐ Repaired — Air inlet: ☐ Cleaned		
Air Inlet Air inlet, PVB, SVB			Air Inlet: ☐ Poppet ☐ Bonnet ☐ Other:		
Shutoff Valve #1	☐ Leak	☐ Tight	SOV #1: ☐ Open upon arrival ☐ Open upon departure	Backpressure exists? ☐ Yes ☐ No	
Shutoff Valve #2	☐ Leak	☐ Tight	SOV #2: ☐ Open upon arrival ☐ Open upon departure	Cause:	

Assembly Concerns:
(only if applicable)
☐ Incorrect Installation
☐ Incorrect Use

Test Procedure:
☐ ABPA
☐ ASSE

Comments:

Notice

Alarm Company/Fire Department Notified
Person Notified:
Fire suppression contractor certification #
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)
Testing Company: Phone:
(please print)
Tester Name: Tester Signature:

(please print)
Customer Name: Phone:
Customer Signature:

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