



erwsd.org

Account No: _____
 Test Date/Time: _____
 Tester Certification: _____
 Device Serial No: _____
 Device Test Result: Pass Fail

Backflow Prevention Device Test & Maintenance Report

Account	Water Supplier: <u>ERWSD</u> Account No: _____ Meter No: _____	
	Property Owner: _____	Service Name: _____
	Address: _____	Address: _____
	City: _____ ST: _____ Zip: _____	City: _____ ST: _____ Zip: _____

Device	Make: _____ Model: _____ Size: _____		
	Type: <input type="checkbox"/> RPZ <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> AVB <input type="checkbox"/> Air Gap Location: _____		
	<input type="checkbox"/> Existing	<u>Orientation</u>	<u>Use</u>
	<input type="checkbox"/> New Date Installed: _____	<input type="checkbox"/> Vertical Up	<input type="checkbox"/> Domestic
Old Device	<input type="checkbox"/> Vertical Down	<input type="checkbox"/> Fire	
Serial No: _____	<input type="checkbox"/> Horizontal	<input type="checkbox"/> Irrigation	
		<u>Protection</u>	
		<input type="checkbox"/> Containment	
		<input type="checkbox"/> Isolation	

Testing & Maintenance	Line Pressure:	Initial Test Results		Repairs/Comments	Re-Test Results	
		Tightness	Differential		Tightness	Differential
	Check Valve #1 (RPZ, DC, PVB)	<input type="checkbox"/> Leak <input type="checkbox"/> Tight			<input type="checkbox"/> Leak <input type="checkbox"/> Tight	
	Check Valve #2 (RPZ, DC)	<input type="checkbox"/> Leak <input type="checkbox"/> Tight			<input type="checkbox"/> Leak <input type="checkbox"/> Tight	
	Relief Valve (RPZ)					
	Buffer (RPZ)					
	Air Inlet (PVB)					
	Shutoff Valve #1	<input type="checkbox"/> Leak <input type="checkbox"/> Tight				
	Shutoff Valve #2	<input type="checkbox"/> Leak <input type="checkbox"/> Tight				
Test Kit	Comments: _____					
	Test Procedure: _____					

Test Kit	Test Kit Make: _____ Model: _____
	Serial No: _____ Last Calibration Date: _____

Tester	Tester Name: _____ Certificate Expiration Date: _____	
	Tester certifies that this assembly has been tested with the above listed procedure and verifies that isolation valves were returned to pre-test orientation.	
	<u>Signatures</u>	
	Tester: _____	Date: _____
	Owner/Manager: _____	Date: _____

(Submit original copy to water purveyor)