

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>ERW&SD</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> <u>Protection</u> <input type="checkbox"/> New Date Installed: _____ <input type="checkbox"/> Vertical Up <input type="checkbox"/> Domestic <input type="checkbox"/> Containment Old Device <input type="checkbox"/> Vertical Down <input type="checkbox"/> Fire <input type="checkbox"/> Isolation Serial No: _____ <input type="checkbox"/> Horizontal <input type="checkbox"/> Irrigation

Testing & Maintenance		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				
	Comments: _____					
	Test Procedure: _____					

Notification	Alarm Company/Fire Department Notified: _____
	Person Notified: _____ Notified By: _____
	Turn Off Date/Time: _____ Turn On Date/Time: _____

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. <div style="text-align: center;"><u>Signature</u></div>
	Tester: _____ Date: _____
	Owner/Manager: _____ Date: _____

(Submit original copy to water purveyor)