

NAME OF TESTING COMPANY HERE:

## Backflow Prevention Device Test and Maintenance Report

Owner: \_\_\_\_\_

Service Address: \_\_\_\_\_

RPZ

DCVA

DOMESTIC

FIRE SERVICE

Valve Location: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Model No.: \_\_\_\_\_ Serial No.: \_\_\_\_\_ Size: \_\_\_\_\_

Reduced Pressure Devices				RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> SVB <input type="checkbox"/> DCDA <input type="checkbox"/> RPDA <input type="checkbox"/>
Double Check Devices				
INITIAL TEST	Check Valve #1	Check Valve #2	Relief Valve	Downstream Shut-off
	DC-Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at _____ PSID	Tight <input type="checkbox"/>
	RP- _____ psid	Leaked <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
Leaked <input type="checkbox"/>	_____ psid			
REPAIRS and MATERIALS USED				
TEST AFTER REPAIR	DC-Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at _____ psid	Tight <input type="checkbox"/>
	RP- _____ psid	_____ psid		Leaked <input type="checkbox"/>

Comments: \_\_\_\_\_

Initial Test	Date _____ Time _____	Certified Tester No. _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
	Test By (Signature) _____	Print Name _____	Test Kit Calibration Date: _____
Repair	Date _____ Time _____	Certified Tester No. _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
	Test By (Signature) _____	Print Name _____	Test Kit Calibration Date: _____
Final Test	Date _____ Time _____	Certified Tester No. _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
	Test By (Signature) _____	Print Name _____	Test Kit Calibration Date: _____