

**BACKFLOW PREVENTION ASSEMBLY
TEST AND MAINTENANCE REPORT**

CUSTOMER: _____ ASSET #: _____

SERVICE ADDRESS: _____ ACCOUNT #: _____

LOCATION OF ASSEMBLY: _____

TYPE OF ASSEMBLY: RP DC PVB Line Pressure: _____

MANUFACTURE: _____ MODEL: _____ SERIAL NO. _____ SIZE: _____

RELIEF VALVE	CHECK VALVE #1	CHECK VALVE #2	PRESSURE VACUUM BREAKER
OPENED AT: _____ _____ PSID BUFFER _____ PSID DID NOT OPEN <input type="checkbox"/>	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE: _____ _____ PSID	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE: _____ _____ PSID	AIR INLET OPENED AT: _____ _____ PSID DID NOT OPEN <input type="checkbox"/> CHECK VALVE: LEAKED <input type="checkbox"/> HELD AT _____ _____ PSID
<input type="checkbox"/> CLEANED ONLY	<input type="checkbox"/> CLEANED ONLY	<input type="checkbox"/> CLEANED ONLY	<input type="checkbox"/> CLEANED ONLY
REPLACED: RUBBER KIT <input type="checkbox"/> RV ASSEMBLY <input type="checkbox"/>	REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/>	REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/>	REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/>
OPENED AT: _____ _____ PSID BUFFER _____ PSID	<input type="checkbox"/> CLOSED TIGHT _____ PSID	<input type="checkbox"/> CLOSED TIGHT _____ PSID	AIR INLET _____ PSID CHECK VALVE _____ PSID
SHUT OFF VALVE #1		SHUT OFF VALVE #2	
<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	

REMARKS: _____ PASS: FAIL:

I HEREBY CERTIFY THAT AT THE DATE AND TIME OF THE TEST INDICATED, THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE ASSEMBLY PER CURRENT INDUSTRY STANDARDS. I ALSO CERTIFY THAT THE #1 AND #2 SHUTOFF VALVES HAVE BEEN LEFT IN THE FULLY OPENED POSITION.

INITIAL TEST BY: _____ CERTIFIED TESTER NO. _____ DATE: _____

REPAIRED BY: _____ CERTIFIED TESTER NO. _____ DATE: _____

FINAL TEST BY: _____ CERTIFIED TESTER NO. _____ DATE: _____

TEST KIT MANUF: _____ MODEL: _____ CALIBRATION DATE _____

DATE & TIME: _____ SIGNATURE OF TESTER: _____

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