BACKFLOW PREVENTION ASSEMBLY
TEST AND MAINTENANCE REPORT

CUSTOMER: _____ APO #: _____

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 ☐	☐ LEAKED ☐ CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE: _____ PSID	☐ LEAKED ☐ CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE: _____ PSID	AIR INLETOPENED AT: _____ PSID DID NOT OPEN ☐ CHECK VALVE: LEAKED ☐ HELD AT _____ PSID
☐ CLEANED ONLY REPLACED: RUBBER KIT ☐ RV ASSEMBLY ☐	☐ CLEANED ONLY REPLACED: RUBBER KIT ☐ CV ASSEMBLY ☐	☐ CLEANED ONLY REPLACED: RUBBER KIT ☐ CV ASSEMBLY ☐	☐ CLEANED ONLY REPLACED: RUBBER KIT ☐ CV ASSEMBLY ☐
OPENED AT: _____ PSID BUFFER _____ PSID	☐ CLOSED TIGHT _____ PSID	☐ CLOSED TIGHT _____ PSID	AIR INLET _____ PSID CHECK VALVE _____ PSID
SHUT OFF VALVE #1 ☐ LEAKED ☐ CLOSED TIGHT		SHUT OFF VALVE #2 ☐ LEAKED ☐ 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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