

Annual Test & Maintenance Report for Backflow Prevention Assemblies

****Check PASS in the top right corner of this report if test is satisfactory. Failed reports need to be discussed with the property owner and device repaired or replaced. Failed reports will not be accepted at the Water Billing Office.**

Service Address: _____
 Device Location: _____
 Contact Person: _____
 Phone: _____

Containment ____ Isolation ____

Backflow ID: BF _____
 Type of Device: _____
 Manufacturer: _____
 Model: _____
 Serial #: _____
 Size: _____

CUSTOMER: _____ ACCOUNT #: _____
 NAME _____
 ADDRESS _____
 CITY _____

Owner's Certification: I hereby certify that the above backflow prevention assembly has been in constant use at this location during the entire prescribed interval between test periods and during that period this assembly was not by-passed, made inoperative or removed without proper authorization. I further certify that I have the responsibility and authority to ensure the above.

Owner/Officer (printed) _____ Signature: _____

Title: _____ Tel # _____ Date: _____

TEST REPORT: **TESTER SIGNATURE BELOW VERIFIES THAT TESTING DEVICE IS IN GOOD WORKING CONDITION AND CALIBRATED AT LEAST EVERY 2 YEARS.

	Double Check Valve		Reduced Pressure Principle			Pressure Vacuum Breaker	
	CHECK VALVE #1	CHECK VALVE #2	CHECK VALVE #1	RELIEF VALVE	CHECK VALVE #2	AIR INLET VALVE	CHECK VALVE
Initial Test	Pass: <input type="checkbox"/> Fail: <input type="checkbox"/> _____psid	Pass: <input type="checkbox"/> Fail: <input type="checkbox"/> _____psid	Pass: <input type="checkbox"/> Fail: <input type="checkbox"/> _____psid	Pass: <input type="checkbox"/> Fail: <input type="checkbox"/> _____psid	Pass: <input type="checkbox"/> Fail: <input type="checkbox"/> _____psid	Pass: <input type="checkbox"/> Fail: <input type="checkbox"/> _____psid	Pass: <input type="checkbox"/> Fail: <input type="checkbox"/> _____psid
Repairs & Material							
Test After Repair	Pass: <input type="checkbox"/> Fail: <input type="checkbox"/> _____psid	Pass: <input type="checkbox"/> Fail: <input type="checkbox"/> _____psid	Pass: <input type="checkbox"/> Fail: <input type="checkbox"/> _____psid	Pass: <input type="checkbox"/> Fail: <input type="checkbox"/> _____psid	Pass: <input type="checkbox"/> Fail: <input type="checkbox"/> _____psid	Pass: <input type="checkbox"/> Fail: <input type="checkbox"/> _____psid	Pass: <input type="checkbox"/> Fail: <input type="checkbox"/> _____psid

COMMENTS: IS THERE A FLOOR DRAIN NEAR BY: CIRCLE: YES NO (sump pump next to backflow device)
Disclaimer: If there is a floor drain, it may not be adequately sized, or clear of any blockage to allow for proper drainage, to handle discharge of the backflow device(s). We have not inspected the drain for blockage, or if it is properly sized to handle the backflow discharge. We have not inspected the sump pump for proper operation.

TESTER CERTIFICATION: I hereby certify that the above data is correct and that the backflow prevention device is in proper working condition.

Tester Signature: _____ Print Name: _____

BF Cert. # _____ Date: _____ Tester Tel # _____

Employer Name: _____ Account # _____