

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

Customer Information

Customer / Property Name:

Contact Name:

Property Address:

Assembly Information

Type:

Model #:

Size:

Serial #:

Manufacturer:

Hazard:

Location:

Assembly Test Information

Initial Test		
Check Valve # 1	Check Valve #2	Relief Valve
Held at psid	Held at psid	Opened at psid
<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Did Not Open

Repairs Made: No

Final Test		
Check Valve # 1	Check Valve #2	Relief Valve
Held at psid	Held at psid	Opened at psid
<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Did Not Open

Pass - Based on state standards, this test qualifies as a PASSING test

Fail - Based on state standards, this test qualifies as a FAILING test

Comments:

Test Date:

Tester Information

Tester Name:

Certification #:

Test Kit Serial#:

Testing Co Name:

Phone:

Address:

**The above tester certifies that all information submitted for this report is true and accurate.
