



Municipal  
 Utility  
 District

The following form must be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for record keeping purposes.

## Test and Maintenance Report

**ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED**

**Customer Information – Please Print**

Property Owner/Agent: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Backflow Assembly Information - Please Print**

Serial Number: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Size: \_\_\_\_\_  
 \_\_\_\_\_ New \_\_\_\_\_ Existing \_\_\_\_\_ Replacement (Replacement for : \_\_\_\_\_)

Is this commercial property? \_\_\_\_\_ Yes \_\_\_\_\_ No

Occupant/Business Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Assembly location on the property: \_\_\_\_\_

Reason the assembly is installed: \_\_\_\_\_

Is the assembly installed in accordance with manufacturer recommendation and/or local codes?

\_\_\_\_\_ Yes \_\_\_\_\_ No

	Reduced Pressure Backflow Assembly			Pressure Vacuum Breaker	
	Double-Check Valve Assembly		Differential Pressure Relief Valve	Spill Resistant Vacuum Breaker	
	#1 Check Valve	#2 Check Valve		Air Relief	Check Valve
<b>Initial Test</b>	DCVA _____PSI RPZ _____PSID	DCVA _____PSI RPZ <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	Opened at _____PSID <input type="checkbox"/> Did Not Open	Opened at _____PSID <input type="checkbox"/> Did Not Open	Opened at _____PSID <input type="checkbox"/> Did Not Open
<b>Repairs</b>					
<b>Test After Repairs</b>	DCVA _____PSI RPZ _____PSID	DCVA _____PSI RPZ <input type="checkbox"/> Closed Tight	Opened at _____PSI	Opened at _____PSI	Opened at _____PSI

**By signing below, I certify that all information on this test and maintenance report is true and correct at time of testing.**

Backflow Test Status \_\_\_\_\_ Pass \_\_\_\_\_ Fail      Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Test gauge used: Make/Model \_\_\_\_\_      Gauge Serial Number \_\_\_\_\_  
 Calibration Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Backflow Technician \_\_\_\_\_      Certification Number \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_      Technician's Signature \_\_\_\_\_