



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
Initial Test	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
Repairs					
Test After Repairs	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 _____