



BACKFLOW PREVENTION ASSEMBLY FIELD TESTING AND MAINTENANCE REPORT

CUSTOMER NAME: _____ PHONE: _____

DEVICE SERIAL NUMBER: _____

MANUFACTURER: _____ MODEL: _____

TYPE: _____ SIZE: _____

METER NUMBER: _____ ACCOUNT NUMBER: _____

SERVICE ADDRESS: _____

BACKFLOW LOCATION: _____

	CHECK VALVE 1	CHECK VALVE 2	DIFFERENTIAL PRESSURE RELIEF VALVE	AIR INLET VALVE	SHUT OFF VALVES
INITIAL TEST	CLOSED TIGHT _____ <input type="checkbox"/> LEAKED	CLOSED TIGHT _____ <input type="checkbox"/> LEAKED	OPENED AT _____ DID NOT OPEN _____	OPENED AT _____ DID NOT OPEN _____	CLOSED TIGHT _____
REPAIR	___ CLEANED ___ REPLACED ___ DISC ___ SPRING ___ GUIDE ___ HINGE PIN ___ SEAT(S) ___ DIAPHRAGM ___ MODULE	___ CLEANED ___ REPLACED ___ DISC ___ SPRING ___ GUIDE ___ HINGE PIN ___ SEAT(S) ___ DIAPHRAGM ___ MODULE	___ CLEANED ___ REPLACED ___ DISC ___ SPRING ___ SEAT(S) ___ DIAPHRAGM(S) ___ O-RINGS ___ MODULE ___ OTHER	___ CLEANED ___ REPLACED ___ DISC ___ DIAPHRAGM ___ FLOATS ___ SPRING ___ OTHER	PSI _____
FINAL TEST	CLOSED TIGHT _____	CLOSED TIGHT _____	OPENED AT _____	OPENED AT _____	PASSED _____

METER READING: _____

COMMENTS: _____

INITIAL TEST:	SIGN:	PRINT:
COMPANY NAME/PHONE:		
TEST DATE/TIME:	TESTER NUMBER:	

REAPIRED BY:	SIGN:	PRINT:
COMPANY NAME/PHONE:		
TEST DATE/TIME:	TESTER NUMBER:	

FINAL TEST:	SIGN:	PRINT:
COMPANY NAME/PHONE:		
TEST DATE/TIME:	TESTER NUMBER:	

EMAIL TEST REPORT TO: backflow@scvwa.org