

BACKFLOW TEST AND MAINTENANCE REPORT FORM

* PLEASE COMPLETE THIS SECTION WITH ANY INFORMATION AVAILABLE*				
Name:	Test Due:			Service #
Contact:	Account #			
Address:				Phone #
Device Type:	Serial #		Size:	
Manufacturer:	Model #		Hazard:	
Meter Association:	Location:	:		
INSTRUCTIONS TO APPROVED TESTERS: Failure to complete this form accurately will result in rejection of the test form and possibly result in water service termination. <u>NO OTHER FORM WILL BE ACCEPTED</u>				
♦ Reduced Pressure Principle Backflow Prevention Assembly (RPZ)				
♦ Double Check Valve Backflow Prevention Assembly (DC)				
Static Line Pressure	Ol l V . l #4	Check Valve #2		Differential Pressure
PSID	Check Valve #1			Relief Valve
Initial Test of Device	♦ Closed Tight	♦ Leaked ♦ Closed Tight		Opened at PSID
Date: / /	PSID (RPZ)			♦ Did not open
Maintenance of Device	♦ Cleaned ♦ Repaired	♦ Cleaned	♦ Repaired	♦ Cleaned ♦ Repaired
(Describe Repair)	Materials used	Materials used		Materials used
Date: / /		=======================================		
Changed or New Device Installed	OC Valve		♦ RPZ Valve	
(must be tested on line)	Size Model		Size	Model
	Serial Manuf _		Serial	Manuf
Final Test of Device	♦ Closed Tight	♦ Closed Tight		Opened at PSID
Date: / /	PSID (RPZ)			V Opened at131D
PLEASE LIST SERVICE LINE MATERIAL WHERE IT ENTERS BUILDING:				
REMARKS:				
TESTER CERTIFICATION* (MUST attach a copy of your certification)				
I hereby certify the above data to be correct and that the above backflow prevention assembly is in proper operating condition.				
Tester (signature):	Test Date:			
Tester (print):	Certification No:			
Company Name:	Telephone: Date Gauge Calibrated:			
Test Kit Used:	(Test Kit)			

IMPORTANT

Be sure to give your tester the test form(s)

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If you misplace the form; go to www.sevenfields.org to download a new form.