

		BACKFLOW PREVENTER TEST AND MAINTENANCE REPORT (SUPPORT SITE)		DATE: _____ <input type="checkbox"/> INITIAL <input type="checkbox"/> AFTER FOLLOW UP	
ASSET # (IN CASE OF "NEW INSTALLATION" USE "N/A - N1") _____					
AREA _____		BLDG # _____		FACILITY NAME _____	
ASSEMBLY:	TYPE: <input type="checkbox"/> DC <input type="checkbox"/> RP <input type="checkbox"/> PVB SIZE: _____ CC DEGREE OF HAZARD: <input type="checkbox"/> HIGH <input type="checkbox"/> LOW				
	MANUFACTURER _____		MODEL # _____	SERIAL # _____	
	ASSEMBLY LOCATION _____		SPECIAL REQUIREMENTS _____		
GAUGE:	MANUFACTURER _____		SERIAL # _____	DATE CALIBRATED _____	
CHECK VALVE #1 <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		RELIEF VALVE <input type="checkbox"/> NOT OPENED <input type="checkbox"/> OPENED AT: _____ PSI		CHECK VALVE #2 <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	
PRESSURE VACUUM BREAKER <input type="checkbox"/> AIR INLET: NOT OPENED <input type="checkbox"/> OPENED AT: _____ PSI		GAUGE PRESSURE ACROSS CHECK VALVE _____ PSI		OUTLET SHUT-OFF VALVE: <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	
<input type="checkbox"/> CLEANED ONLY <input type="checkbox"/> REPLACED: <input type="checkbox"/> - RUBBER KIT <input type="checkbox"/> - CV ASSEMBLY <input type="checkbox"/> - DISC <input type="checkbox"/> - O-RINGS <input type="checkbox"/> - SEAT <input type="checkbox"/> - SPRING <input type="checkbox"/> - STEM/GUIDE <input type="checkbox"/> - RETAINER <input type="checkbox"/> - LOCK NUTS <input type="checkbox"/> - OTHER		<input type="checkbox"/> RV CLEANED ONLY <input type="checkbox"/> REPLACED: <input type="checkbox"/> - RV RUBBER KIT <input type="checkbox"/> - RV ASSEMBLY <input type="checkbox"/> - DISC <input type="checkbox"/> - DIAPHRAGM (S) <input type="checkbox"/> - SEAT <input type="checkbox"/> - SPRING <input type="checkbox"/> - GUIDE <input type="checkbox"/> - O-RING <input type="checkbox"/> - OTHER		<input type="checkbox"/> CLEANED ONLY <input type="checkbox"/> REPLACED: <input type="checkbox"/> - RUBBER KIT <input type="checkbox"/> - CV ASSEMBLY <input type="checkbox"/> - DISC, AIR INLET <input type="checkbox"/> - DISC, CV <input type="checkbox"/> - SEAT, CV <input type="checkbox"/> - SPRING, CV <input type="checkbox"/> - RETAINER <input type="checkbox"/> - GUIDE <input type="checkbox"/> - O-RING <input type="checkbox"/> - OTHER	
GAUGE PRESSURE ACROSS CHECK VALVE _____ PSI		RELIEF VALVE OPENED AT _____ PSI		GAUGE PRESSURE ACROSS CHECK VALVE _____ PSI	
AIR INLET: _____ PSI		CHECK VALVE _____ PSI			
REMARKS: _____ _____ _____					
I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.					
TESTER: _____ <small>PRINT NAME</small>		CERT NO. _____		DATE: _____ TIME: _____	
THIS ASSEMBLY: <input type="checkbox"/> PASSED: <input type="checkbox"/> FAILED: → REQUEST FOLLOW UP					
Follow-up Service Call requested? <input type="checkbox"/> NO <input type="checkbox"/> YES → WORK ORDER # _____					
QC SIGNATURE _____			TESTER SIGNATURE _____		