



## BACKFLOW PREVENTER TEST AND MAINTENANCE REPORT (SUPPORT SITE)

DATE: \_\_\_\_\_  
 INITIAL  
 AFTER FOLLOW UP

**ASSET #** \_\_\_\_\_  
(IN CASE OF "NEW INSTALLATION" USE "N/A - NI")

AREA	BLDG #	FACILITY NAME
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**ASSEMBLY:**

TYPE:  DC    RP    PVB      SIZE: \_\_\_\_\_      CC DEGREE OF HAZARD:  HIGH    LOW

MANUFACTURER	MODEL #	SERIAL #
ASSEMBLY LOCATION		SPECIAL REQUIREMENTS

**GAUGE:**

MANUFACTURER	SERIAL #	DATE CALIBRATED
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CHECK VALVE #1	RELIEF VALVE	CHECK VALVE #2	PRESSURE VACUUM BREAKER
<input type="checkbox"/> LEAKED	<input type="checkbox"/> NOT OPENED	<input type="checkbox"/> LEAKED	<input type="checkbox"/> AIR INLET: NOT OPENED
<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> OPENED AT: _____ PSI	<input type="checkbox"/> CLOSED TIGHT	<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	GAUGE PRESSURE ACROSS CHECK VALVE _____ PSI	BACK VALVE: <input type="checkbox"/> LEAKED HELD AT _____ PSI
<input type="checkbox"/> <b>CLEANED ONLY</b> <input type="checkbox"/> <b>REPLACED:</b> <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"/> <b>RV CLEANED ONLY</b> <input type="checkbox"/> <b>REPLACED:</b> <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"/> - OTHER	<input type="checkbox"/> <b>CLEANED ONLY</b> <input type="checkbox"/> <b>REPLACED:</b> <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"/> <b>CLEANED ONLY</b> <input type="checkbox"/> <b>REPLACED:</b> <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 _____ 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:** \_\_\_\_\_ **CERT NO.** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_  
PRINT NAME

**PASSED:**  
**THIS ASSEMBLY:**  
 **FAILED:** → REQUEST FOLLOW UP

Follow-up Service Call requested?  NO    YES → WORK ORDER # \_\_\_\_\_

QC SIGNATURE \_\_\_\_\_      TESTER SIGNATURE \_\_\_\_\_