



Test Report #:

Assembly Serial #:	_____
Test Date:	_____ Time: _____
Gauge Serial #:	_____
Tester Certification #:	_____
Date Certification Expires:	_____

Assembly Test Results: Pass Initial Pass Final Fail

Backflow Prevention Device Test & Maintenance Report

(please print and submit completed copy within 10 days of the test)

Account	Facility Name: _____	Contact Person: _____
	Service Address: _____	Contact Phone: _____

OMC	<input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Contractor <input type="checkbox"/> Other _____	Contact Person: _____
	Company Name/Title: _____	Contact Phone: _____
	Mailing Address: _____	

Assembly	Make: _____ Model: _____ Size: _____
	Type: <input type="checkbox"/> RPZ <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> SVB <input type="checkbox"/> Air Gap <input type="checkbox"/> AVB <input type="checkbox"/> Other Device _____
	Date Installed: _____ Location on Property: _____
	Replacement Device _____ Orientation _____ Service _____ Protection _____
	Previous device serial # _____ Inlet: <input type="checkbox"/> Vertical Up <input type="checkbox"/> Vertical Down <input type="checkbox"/> Horizontal Outlet: <input type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Irrigation <input type="checkbox"/> Other: _____ <input type="checkbox"/> Containment <input type="checkbox"/> Isolation <input type="checkbox"/> Containment by Isolation
	<input type="checkbox"/> New Installation <input type="checkbox"/> Stolen

	Line PSI:	Initial Test Results:		Repaired:			Cleaned:			Re-test Results:	
		Tightness	Differential	<input type="checkbox"/> Ck#1	<input type="checkbox"/> Ck#2	<input type="checkbox"/> RV	<input type="checkbox"/> Ck#1	<input type="checkbox"/> Ck#2	<input type="checkbox"/> RV	Tightness	Differential
Check Valve #1 RPZ, DC, PVB, SVB	<input type="checkbox"/> Leak <input type="checkbox"/> Tight			Ck#1	<input type="checkbox"/> disc <input type="checkbox"/> spring <input type="checkbox"/> seat <input type="checkbox"/> other: _____					<input type="checkbox"/> Leak <input type="checkbox"/> Tight	
Check Valve #2 RPZ, DC	<input type="checkbox"/> Leak <input type="checkbox"/> Tight			Ck#2	<input type="checkbox"/> disc <input type="checkbox"/> spring <input type="checkbox"/> seat <input type="checkbox"/> other: _____					<input type="checkbox"/> Leak <input type="checkbox"/> Tight	
Relief Valve RV, RPZ				RV	<input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> Other: _____						
Buffer RPZ				Air Inlet:	<input type="checkbox"/> Repaired <input type="checkbox"/> Cleaned						
Air Inlet Air inlet, PVB, SVB				Air Inlet:	<input type="checkbox"/> Poppet <input type="checkbox"/> Bonnet <input type="checkbox"/> Other: _____						
Shutoff Valve #1	<input type="checkbox"/> Leak <input type="checkbox"/> Tight			SOV #1	<input type="checkbox"/> Open upon arrival <input type="checkbox"/> Open upon departure				Backpressure exists? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Shutoff Valve #2	<input type="checkbox"/> Leak <input type="checkbox"/> Tight			SOV #2	<input type="checkbox"/> Open upon arrival <input type="checkbox"/> Open upon departure				Cause: _____		
Assembly Concerns: <i>(only if applicable)</i>	Test Procedure:		Comments:								
<input type="checkbox"/> Incorrect Installation	<input type="checkbox"/> ABPA										
<input type="checkbox"/> Incorrect Use	<input type="checkbox"/> ASSE										

Notice	Alarm Company/Fire Department Notified _____	Fire suppression contractor certification # _____
	Person Notified: _____	Contacted by: _____
	Turn off date: _____ Turn off time: _____	Turn on date: _____ Turn on time: _____

Kit	Test Kit Make: _____	Model: _____	Last Calibration Date: _____

*I hereby certify that the isolation/Shutoff Valves (SOV #1 and SOV #2) have been returned to the position in which they were found and that the last test was done according to the procedure shown above required by Woodmoor Water & Sanitation District No. 1) and the test readings are true and accurate to the best of my ability.
I hereby certify that the testing company is registered with the Colorado Division of Fire Safety to test or repair backflow assemblies on fire suppression systems.*

Tester	(please print) _____ (please print) _____
	Testing Company: _____ Phone: _____ Customer Name: _____ Phone: _____
	(please print) _____
	Tester Name: _____ Tester Signature: _____ Customer Signature: _____

Backflow testers who test or repair assemblies on a fire line must be registered with the Colorado Division of Fire Safety.