



Backflow Prevention Assembly Test and Maintenance Report

CLWSC use:
 Name of PWS _____ PWS ID No _____

The following form must be completed for each assembly test. A signed and dated original must be submitted to the public water supplier for record keeping purposes.

Address of Service _____ Date of Inspection _____

Customer Name _____ Contact Number _____

The backflow prevention assembly detailed below has been tested and maintained as required by the commission regulations and certified to be operating within acceptable parameters.

Type of Assembly

Reduced Pressure Principle Reduced Pressure Principle-Detector
 Double Check Valve Double Check Valve-Detector
 Pressure Vacuum Breaker Spill-Resistant Pressure Vacuum Breaker

Manufacture _____ Size _____

Model Number _____ Located At _____

Serial Number _____

Is the assembly installed in accordance with manufacture recommendations and CLWSC standards? Yes No

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check			
Initial Test	Held at _____ psid Closed Tight Leak	Held at _____ psid Closed Tight Leak	Open at _____ psid Did not open	Open at _____ psid Did not open	Held at _____ psid Leaked
Repairs and Materials					
Test After Repair	Held at _____ psid Closed Tight Leak	Held at _____ psid Closed Tight Leak	Open at _____ psid Did not open	Open at _____ psid Did not open	Held at _____ psid

Test gauge used: Make/Model _____ SN _____ Calibration Date _____

Remarks: _____

The above is certified to be true at the time of testing.

Firm Name _____ Certified Tester _____

Firm Address _____ Certified Tester No. _____

Firm Contact No _____

Signature of Certified Tester _____

***TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS**

**** USE ONLY MANUFACTURED'S REPLACEMENT PARTS**