

CITY OF REIDSVILLE BACKFLOW ASSEMBLY MAINTENANCE TEST FORM

NAME OF CUSTOMER: _____

STREET ADDRESS: _____

LOCATION OF DEVICE: _____

TYPE OF DEVICE: RP DC PVB METER NUMBER: _____ SIZE: _____
 MANUFACTURER: _____ MODEL NUMBER: _____ SERIAL NUMBER: _____

LINE PRESSURE _____ PRESSURE DROP ACROSS 1ST CHECK VALVE _____ PSID
 AT TIME OF DAY _____ BUFFER: _____ PRESSURE DROP ACROSS 2ND CHECK VALVE _____ PSID

	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
Initial Test	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	Opened at _____ lbs. Reduced Pressure. Did Not Open <input type="checkbox"/>	Air Inlet opened at _____ lbs. Did Not Open <input type="checkbox"/>
REPAIRS	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Valves <input type="checkbox"/> C.V. Assembly <input type="checkbox"/> Seat Disc <input type="checkbox"/> O-rings <input type="checkbox"/> Springs <input type="checkbox"/> Gaskets <input type="checkbox"/> Retainer <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Poppet <input type="checkbox"/> Other, Describe	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Valves <input type="checkbox"/> C.V. Assembly <input type="checkbox"/> Seat Disc <input type="checkbox"/> O-rings <input type="checkbox"/> Springs <input type="checkbox"/> Gaskets <input type="checkbox"/> Retainer <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Other, Describe	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> R.U. Replaced <input type="checkbox"/> Disc. Upper <input type="checkbox"/> Disc. Lower <input type="checkbox"/> Diaphragm, Large: <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Diaphragm, Small: <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spacer <input type="checkbox"/> O-rings <input type="checkbox"/> Washer <input type="checkbox"/> Other, Describe	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Valves <input type="checkbox"/> Disc. (Top) <input type="checkbox"/> Disc. (Bottom) <input type="checkbox"/> Springs <input type="checkbox"/> Retainer <input type="checkbox"/> Stem <input type="checkbox"/> Guide <input type="checkbox"/> Poppet <input type="checkbox"/> Other, Describe
Final Test	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	Opened at _____ lbs. Reduced Pressure	<input type="checkbox"/> Satisfactory
	#1 Shut off <input type="checkbox"/> Leaked <input type="checkbox"/> Held Tight	#2 Shut off <input type="checkbox"/> Leaked <input type="checkbox"/> Held Tight	Assembly <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Service Type <input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Fire Sprinkler

NOTE: ALL REPAIRS/REPLACEMENTS SHALL BE COMPLETED WITHIN TEN (10) DAYS

REMARKS _____

I HEREBY CERTIFY THAT THIS INFORMATION IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE UNIT:

CERTIFIED TESTING COMPANY _____ TEST KIT SERIAL # _____

INITIAL TEST BY _____ CERTIFIED TESTER # _____ DATE _____

REPAIRED BY _____ REPAIR DATE _____