



## Backflow Prevention Assembly Field Test and Maintenance Report

<b>Facility/Customer:</b>	<b>Backflow Prevention Assembly:</b>
Name: _____	Serial #: _____
Address: _____	Model #: _____
Contact #: _____	Size: _____ Location: _____

Reduced Pressure Principle Assembly				
Double Check Valve Assembly				
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
<i>Initial Test</i>	Held at ____PSID  Leaked	Held at ____PSID Closed Tight Leaked	Opened at ____PSID  Did Not Open	<u>AIR INLET</u> Opened at ____PSID Did Not Open
<i>Repairs</i>	Cleaned Repaired	Cleaned Repaired	Cleaned Repaired	CHECK VALVE Held at ____PSID Did Not Open
<i>Give Details of Repairs Made</i>				Cleaned Repaired
<i>Final Test</i>	Held at ____PSID	Held at ____PSID Closed Tight	Opened at ____PSID	Air Inlet ____PSID Check Valve ____PSID

**Comments:** \_\_\_\_\_

<i>Initial Test</i>	Date: _____ Time: _____	Signature: _____ Print Name: _____	Passed _____ Failed _____ Tester #: _____
<i>Repairs</i>	Date: _____ Time: _____	Signature: _____ Print Name: _____	Passed _____ Failed _____ Tester #: _____
<i>Final Test</i>	Date: _____ Time: _____	Signature: _____ Print Name: _____	Passed _____ Failed _____ Tester #: _____