



BACKFLOW PREVENTER TEST & MAINTENANCE REPORT

Type of Assembly		
<input type="checkbox"/> Reduced Pressure Assembly	<input type="checkbox"/> Double Check Valve Assembly	<input type="checkbox"/> Pressure Vacuum Breaker

Account Name: _____ Account Number: _____

Service Address: _____

Location of Device: _____

Device: _____
Manufacturer Model Serial Number Size Date installed

Date Tested: _____ New Installation: Yes No

LINE PRESSURE _____ psi	DOUBLE CHECK VALVE ASSEMBLY		REDUCED PRESSURE ASSEMBLY	PRESSURE VACUUM BREAKER
<u>Initial Testing Results</u>	<u>Check Valve #1</u> <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight at _____ psid	<u>Check Valve #2</u> <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight at _____ psid	<u>Relief Valve</u> Opened At _____ psid <input type="checkbox"/> Did Not Open	<u>Air Inlet</u> Opened At _____ psid <input type="checkbox"/> Did Not Open <u>Check Valve</u> Held at _____ psid <input type="checkbox"/> Leaked
Repairs or Remarks:				
<u>Final Test Results</u> <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Closed Tight at _____ psid	Closed Tight at _____ psid	Relief Valve Opened At _____ psid	Air Inlet Opened At _____ psid Check Valve Held at _____ psid

NOTE: WE RECOMMEND AN EXPANSION TANK ON ANY CLOSED WATER SYSTEM

Certification (Tester)
I hereby certify the above data to be correct and that the above backflow prevention device is in proper operating condition.

 Tester's Signature Kentucky Backflow Certification Number Date

 Print Tester's Name

Certification (Company)
I hereby certify that the above backflow prevention device has been in constant use at this location during the entire prescribed interval between test periods and during that period this device was not by-passed, made inoperative or removed without written authorization. All defects found during the operation period or during the tests of the device, were satisfactorily corrected without delay. I further certify that I have the responsibility and authority to insure the above.

 Owner/Officer (Signature) Title

 Owner/Officer (Print) Date