



BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

Customer must retain a copy of this report for a minimum of three years

Water District/Authority: _____ Meter/Account No.: _____ Test No.: _____

Service Name: _____

Service Address: _____

Contact Person: _____ Title: _____ Phone: _____

Owner/Mgmt Co/Contractor: _____

Mailing Address: _____

Contact Person: _____ Title: _____ Phone: _____

New Existing

Replacement For: _____

Use: Containment Isolation Domestic Fire Irrigation Process

Assembly Type: Reduced Pressure Double Check Pressure Vacuum Breaker Other: _____

Mfg.: _____ Model No.: _____ Size: _____ Serial No.: _____

Date Installed: _____ Last Inspection: _____ Line Pressure: _____ PSI

Location: _____

	Initial Test Result		Comments	Re-Test Results	
	Tightness	Differential		Tightness	Differential
Check No 1 (RP, DC, PVB)	Leak <input type="checkbox"/> Tight <input type="checkbox"/>	<input type="checkbox"/>		Leak <input type="checkbox"/> Tight <input type="checkbox"/>	<input type="checkbox"/>
Check No 2 (RP, DC)	Leak <input type="checkbox"/> Tight <input type="checkbox"/>	<input type="checkbox"/>		Leak <input type="checkbox"/> Tight <input type="checkbox"/>	<input type="checkbox"/>
Relief Valve (RP)					
Buffer (RP)					
Air Inlet (PVB)					
Shut-off valve No. 1	Leak <input type="checkbox"/>	Tight <input type="checkbox"/>			
Shut-off valve No. 2	Leak <input type="checkbox"/>	Tight <input type="checkbox"/>			

Repairs/Comments: _____

Assembly Mechanical Test: Passed Failed

If mechanical test fails, the Water Purveyor/Authority must be notified immediately and repairs made as soon as possible.

Test Procedures ABPA ASSE

Technician certifies this assembly has been tested in accordance with the rules and regulations of the CDPHE.

Tester Name: _____ Certification No.: _____ Expires: _____

Tester Signature: _____ Test Date: _____ Time: _____

Tester Phone: _____ Test Gauge: _____ Gauge Re-Cert Date: _____

Owner or Agent Signature: X

Signature indicates verification by Signer that isolation valves were returned to pre-test orientation.

Return to:

Woodmen Hills Metro District

8046 Eastonville Rd.

Falcon, Co 80831

Phone: (719)495-2500 Fax (719)495-1344