

**Mailing Address** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Service Address** \_\_\_\_\_  
 \_\_\_\_\_  
**Meter #** \_\_\_\_\_  
**Exact BFPA Location** \_\_\_\_\_  
**Contact Name** \_\_\_\_\_  
**Contact Phone #** \_\_\_\_\_

Meter   
 Fire   
 Irrigation   
 Fixture   
 New   
 Existing   
 Replaced

**BACKFLOW ASSEMBLY INFORMATION**

Serial # \_\_\_\_\_  
 Manufacturer \_\_\_\_\_  
 Model \_\_\_\_\_  
 Type \_\_\_\_\_  
 Size \_\_\_\_\_

Reduced Pressure Principle Assembly				RP <input type="checkbox"/>	RPDC <input type="checkbox"/>
Double Check Valve Assembly				DC <input type="checkbox"/>	DCDC <input type="checkbox"/>
	Check Valve #1	Check Valve #2	Relief Valve	PVB <input type="checkbox"/>	AIR GAP <input type="checkbox"/>
				SPV <input type="checkbox"/>	AVB <input type="checkbox"/>
<b>INITIAL TEST</b>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	<b>PVB/SVB</b>	
	Tight <input type="checkbox"/>	Tight <input type="checkbox"/>	Open <input type="checkbox"/>		
<b>REPAIRS</b>	Held at _____ psid	Held at _____ psid	Open at _____ psid	Air Inlet	
				Did Not Open <input type="checkbox"/>	
<b>DETAILS</b>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Open at _____ psid	
	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>	<b>Check Valve</b>	
<b>FINAL TEST</b>				Leaked <input type="checkbox"/>	
	Closed <input type="checkbox"/>	Closed <input type="checkbox"/>	Closed <input type="checkbox"/>	Held at _____ psid	
	Tight <input type="checkbox"/>	Tight <input type="checkbox"/>	Tight <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Replaced <input type="checkbox"/>
	Held at _____ psid	Held at _____ psid	Held at _____ psid	Details	
				<b>Air Inlet</b>	
				Open at _____ psid	
				<b>Check Valve</b>	
				Held at _____ psid	

**Comments: All Information To Be Completed In Full**  
**All Incompleted Test Maintenance Forms Will Be Returned**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

LINE PSI \_\_\_\_\_  
 Meter Reading \_\_\_\_\_  
 Held Backpressure \_\_\_\_\_  
 # 2 Shut Off \_\_\_\_\_  
 Relief Valve Exercised \_\_\_\_\_

THE ABOVE REPORT IS CERTIFIED TO BE TRUE

INITIAL	Date/Time	Tester Name	Tester Cert #	Test Kit Model/Serial	Pass	Failed
					<input type="checkbox"/>	<input type="checkbox"/>
REPAIRS					<input type="checkbox"/>	<input type="checkbox"/>
FINAL					<input type="checkbox"/>	<input type="checkbox"/>

Witness: \_\_\_\_\_

|

.

.

.

.

.

.