

Backflow Prevention Assembly Test and Maintenance Record

I. General Information

Address:

Location of assembly	Date of installation	Incoming line pressure
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Manufacturer	Model no.	Serial number
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Size	Assembly type <input type="checkbox"/> RP <input type="checkbox"/> RP detector <input type="checkbox"/> DC detector <input type="checkbox"/> PVB
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II. Tests and repairs information

	Check valve no. 1	Check valve no. 2	Differential pressure relief valve
Initial test	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed tight Pressure drop across the first check valve is _____ psid	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed tight Pressure drop across the second check valve is _____ psid	<input type="checkbox"/> Opened at _____ psid <input type="checkbox"/> Did not open
Repairs	List repairs and corrections	List repairs and corrections	List repairs and corrections
Final test	<input type="checkbox"/> Closed tight	<input type="checkbox"/> Closed tight	<input type="checkbox"/> Opened at _____ psid

Condition of no. 2 control valve: Closed tight Leaked

Remarks: Assembly failed Assembly passed

III. Approvals

"I hearby certify that this data is accurate and reflects the proper operation and maintenance of the assembly and that all control valves were left in the full open position."

Name of certified technician	Technician phone	Name of witness to test
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Signature of certified technician	Technician certification #	Date	Witness phone #
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