



Backflow Prevention Device Inspection and Maintenance Report Form

Owner of Property _____ Return Form By: _____

Mailing Address _____ Test Date _____

(Town) (ST) (Zip)

Contact Person _____ RBPB DCV PVB

Device Address _____ RPDA DDCV SVB

(Town) (ST) (Zip)

Permit Number _____

Exact Location _____ Make _____ Model No. _____

Size _____ Serial No. _____

Line PSI _____	Reduced Pressure Backflow Preventer			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Check Valve	Air Inlet
	Check Valve No. 1	Check Valve No. 2			
Initial Test PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____ PSID	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____ PSID	Opened at _____ PSID Did Not Open <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____ PSID	Opened at _____ PSID Did Not Open <input type="checkbox"/>
Repairs					
Final Test PASS <input type="checkbox"/>	Closed Tight <input type="checkbox"/> _____ PSID	Closed Tight <input type="checkbox"/> _____ PSID	Opened at <input type="checkbox"/> _____ PSID	Closed Tight <input type="checkbox"/> _____ PSID	Opened at _____ PSID
Condition of No. 2 Shutoff Valve <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked					
Notes:					
Certification: On this date, the above device was tested per applicable codes and the required performance standards.					
Test Type		Gauge No.		Testing Firm	
Tester Name				Tester Certification No.	

Tester Signature: _____ Date: _____

Contact Signature: _____ Date: _____