

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

CUSTOMER NAME:					
STREET ADDRESS:					
MAILING ADDRESS:					
IS THE ASSEMBLY:	<input type="checkbox"/> New	<input type="checkbox"/> Existing	Replacement	<input type="checkbox"/> Old Assembly Serial # _____	
ASSEMBLY LOCATION:					
TYPE OF ASSEMBLY:	RP <input type="checkbox"/>	DCVA <input type="checkbox"/>	PVB <input type="checkbox"/>	SVB <input type="checkbox"/>	SIZE: _____
MANUFACTURER:	MODEL:		SERIAL NO:		
GAUGE MANUF:	SERIAL NO:		DATE CALIBRATED:		

Check Valve #1	Relief Valve	Check Valve #2	PVB or SVB
<input type="checkbox"/> leaked <input type="checkbox"/> closed tight Differential pressure across check valve _____ psi	Opened at: _____ psi Or did not open <input type="checkbox"/> <hr/> Outlet shut-off valve: <input type="checkbox"/> leaked <input type="checkbox"/> closed tight	<input type="checkbox"/> leaked <input type="checkbox"/> closed tight OPTIONAL TEST Differential pressure across check valve _____ psi	Air Inlet: did not open <input type="checkbox"/> <hr/> or opened at _____ psi Check Valve: leaked <input type="checkbox"/> or held at _____ psi
Replaced: <input type="checkbox"/> Rubber parts kit <input type="checkbox"/> CV assembly kit <input type="checkbox"/> Seat Kit <input type="checkbox"/> Other <hr/> Or <input type="checkbox"/> CV cleaned only	Replaced: <input type="checkbox"/> Rubber parts kit <input type="checkbox"/> CV assembly kit <input type="checkbox"/> Seat Kit <input type="checkbox"/> Other <hr/> Or <input type="checkbox"/> RV cleaned only <hr/> For DCVA Only: Inlet shut-off valve: <input type="checkbox"/> leaked <input type="checkbox"/> closed tight Outlet shut-off valve: <input type="checkbox"/> leaked <input type="checkbox"/> closed tight	Replaced: <input type="checkbox"/> Rubber parts kit <input type="checkbox"/> CV assembly kit <input type="checkbox"/> Seat Kit <input type="checkbox"/> Other <hr/> Or <input type="checkbox"/> CV cleaned only	Replaced: <input type="checkbox"/> Rubber parts kit <input type="checkbox"/> CV assembly kit <input type="checkbox"/> Air Inlet Kit <input type="checkbox"/> Other <hr/> Or <input type="checkbox"/> Cleaned only
Differential pressure across check valve _____ psi	Relief valve opened at _____ psi	Differential pressure across check valve _____ psi	Air inlet _____ psi Check valve _____ psi

NOTE: All repairs shall be completed within five (5) working days.

REMARKS: _____

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: _____ CERT. No: _____ DATE: _____

ASSEMBLY RE-CERT Due Date: _____ TIME: _____

This Assembly: PASSED FAILED Signature: _____

Test Reports are to be submitted to the BRWA with 30 days of completing the field test.

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Email: backflow@brwa.com

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