

TEST AND MAINTENANCE REPORT

(METER # REQUIRED)

Owner (Company) & Mailing Address _____

Account # _____ Service Address _____

Meter # _____ Device Size _____ Manufacturer _____ Model _____ Serial # _____

Physical Location of Assembly _____

Proper Install Including Union or Flange? Yes / No Describe Deficiency _____

Fire Service Meter# _____ Read: _____ Registers Flow? Yes / No

REDUCED PRESSURE PRINCIPAL ASSEMBLY				
DOUBLE CHECK ASSEMBLY				PVB
	Check Valve #1	Check Valve #2	Relief Valve	Air Inlet
Initial Test	Tight <input type="checkbox"/> Leaked <input type="checkbox"/> PSI _____	Tight <input type="checkbox"/> Leaked <input type="checkbox"/> PSI _____	Dripping <input type="checkbox"/> Did not open <input type="checkbox"/> Opening PSI _____	Did not <input type="checkbox"/> <u>Open</u> PSI _____
R E P A I R S	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc/O-RING <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Module <input type="checkbox"/> Test Fitting (#1#2) <input type="checkbox"/> Other (Describe in comments below)	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc/O-RING <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Module <input type="checkbox"/> Test Fitting (#3#4) <input type="checkbox"/> Other (Describe in comments below)	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc (s) <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm (s) <input type="checkbox"/> Module <input type="checkbox"/> Rubber Parts <input type="checkbox"/> Stem <input type="checkbox"/> O-rings <input type="checkbox"/> Other (Describe below)	Check Valve PSI <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> CV Disc <input type="checkbox"/> Air Inlet Disc <input type="checkbox"/> Seat <input type="checkbox"/> Bonnet <input type="checkbox"/> Other (Below)

When existing backflow assembly is replaced, complete *this* block and "FINAL TEST" with new assembly information.

Size: _____ **Manufacturer:** _____ **Model:** _____ **Serial Number:** _____

Final Test	Tight <input type="checkbox"/> Holding PSI _____	Tight <input type="checkbox"/> Holding PSI _____	Opening PSI _____	Opening PSI _____ Holding PSI _____
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Comments: _____

TEST RESULTS I HEREBY DECLARE THE PROVIDED INFORMATION IS TRUE AND CORRECT.

Initial Test	Date: _____ Cert #: _____	Tested by: (Print) _____ Tested by: (Signature) _____	Passed <input type="checkbox"/> Failed <input type="checkbox"/>
Repair	Date: _____ Cert. #: _____	Repaired by: _____	
Final Test	Date: _____ Cert. #: _____	Retested by: _____	Passed <input type="checkbox"/> Failed <input type="checkbox"/>