

****THIS FORM IS ONLY FOR INSTALLATIONS THAT DO NOT ALREADY EXIST IN BSI****
Backflow Prevention Assembly Test and Maintenance Report

Name of Owner: _____ Building Permit No: _____
(Required for Cert. of Occupancy)

Mailing Address: _____ Backflow Permit No: _____
(Required on New Installs)

City, State & Zip Code: _____

Location of Assembly: _____

Service Meter Number: _____ By-pass Meter Reading: _____

Type: _____ Manufacturer: _____ Model: _____ Size: _____ Serial No: _____

Tester: _____ Certification No: _____ *Date: _____ Time: _____

Type of Service: _____ **New Test:** **Recertification Test:** Line Pressure: _____

Test Kit: _____ Serial No: _____ Calibration Date: _____

NO. 1 CHECK VALVE	NO. 2 CHECK VALVE	RELIEF VALVE	PRESSURE VACUUM BREAKER
<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Diff Pressure Across Check Valve _____.____PSID	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Diff Pressure Across Check Valve _____.____PSID	Opened at _____.____PSID <input type="checkbox"/> Did not Open	Air Inlet _____.____PSID <input type="checkbox"/> Did not Open Check Valve _____.____PSID <input type="checkbox"/> Leaked
<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <small>(List parts in comments)</small>	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <small>(List parts in comments)</small>	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <small>(List parts in comments)</small>	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <small>(List parts in comments)</small>
Closed Tight at _____.____PSID	Closed Tight at _____.____PSID	Opened at _____.____PSID	Air Inlet _____.____PSID Check Valve _____.____PSID
Shut Off Valve #1 Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>		Buffer: _____	Shut Off Valve #2 Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>

Comments: _____

Assembly Status: PASSED **FAILED

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

(Signature of Licensed Tester and Date)

(Company Name)

***Test and Maintenance Report must be submitted within 15 days.**
****All repairs must be made within 10 business days.**

