

**BACKFLOW PREVENTION ASSEMBLY
TEST & MAINTENANCE FORM**
THIS FORM MUST BE COMPLETED BY A CERTIFIED TESTER

1. GENERAL INFORMATION

NAME OF FACILITY		SERVICE ADDRESS		SERVICE CLASS	
DEVICE LOCATION		HAZARD ID #	ACCOUNT NUMBER	METER #	
MANUFACTURER	MODEL	SERIAL NO.		SIZE	TYPE

2. TEST & REPAIR INFORMATION

	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
INITIAL TEST	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS FIRST CHECK VALVE _____ PSID	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS SECOND CHECK VALVE _____ PSID	<input type="checkbox"/> OPEN AT _____ PSID <input type="checkbox"/> DID NOT OPEN	<input type="checkbox"/> AIR NET OPENED AT _____ PSID <input type="checkbox"/> DID NOT OPEN
REPAIR				
FINAL TEST	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS FIRST CHECK VALVE _____ PSID	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS SECOND CHECK VALVE _____ PSID	<input type="checkbox"/> OPEN AT _____ PSID <input type="checkbox"/> DID NOT OPEN	<input type="checkbox"/> AIR NET OPENED AT _____ PSID <input type="checkbox"/> DID NOT OPEN
REMARKS	CONDITION OF NO. 2 CONTROL VALVE <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED		LINE PRESSURE _____ PSIG	DATE _____ ASSEMBLY PASS DATE _____ ASSEMBLY FAIL

3. APPROVALS

"I Hereby Certify that this Data is Accurate and Reflects the Proper Operation and Maintenance of the Assembly."			
NAME OF CERTIFIED BACKFLOW TESTER (PRINT)		PHONE NUMBER	BUSINESS NAME
TEST GAUGE SERIAL NUMBER		TEST GAUGE LAST CALIBRATION DATE	
INITIAL TEST	SIGNATURE OF INITIAL TESTER	CERTIFIED TESTER NUMBER	DATE
REPAIRS	SIGNATURE OF REPAIRER	CERTIFIED TESTER NUMBER (IF APPLICABLE)	DATE
FINAL TEST	SIGNATURE OF FINAL TESTER	CERTIFIED TESTER NUMBER	DATE

The tester is encouraged to submit the completed Backflow Prevention Assembly Test & Maintenance Report(s) to our Cross-Connection Control Department online at aquaamerica.tokaytest.com. Test forms can also be submitted through email to CCC@AquaAmerica.com, or faxed to 484-470-1156