



TWO RIVERS UTILITIES BACKFLOW PREVENTION TEST AND MAINTENANCE REPORT

Address of Property: _____
 Customer: _____ Contact: _____
 Contact Phone: _____ Contact Email: _____
 Mailing Address: _____
 Water Meter Size/Model/Number: _____ Service#: _____
 Type of Service: Domestic: _____ Irrigation: _____ Fire: _____
 Type of Assembly: RPVA: _____ RPDA: _____ DCVA: _____ DCDA: _____ PVB: _____ Size: _____ Serial#: _____
 Manufacturer: _____ Model: _____
 Location of Assembly: _____
 Assembly Placed For: Containment: _____ Isolation: _____ Line Pressure: _____ psig.

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
Leaked _____	Opened _____	Leaked _____	Air Inlet _____
Closed _____	@ PSID _____	Closed _____	Opened @ PSID _____
Diff Pressure _____		Diff _____	Did Not Open _____
Across _____	PSI Buffer _____	Pressure _____	Check Valve: _____
CheckValve _____			Leaked _____
			Held @ PSID _____
Cleaned Only []	Cleaned Only []	Cleaned Only []	Cleaned Only []
Replaced Kit []	Replaced Kit []	Replaced Kit []	Replaced Kit []
CV Assembly []	CV Assembly []	CV Assembly []	CV Assembly []
OR _____	OR _____	OR _____	OR _____
Disc []	Disc []	Disc []	Disc []
O-Rings []	O-Rings []	O-Rings []	O-Rings []
Seat []	Seat []	Seat []	Seat []
Spring []	Spring []	Spring []	Spring []
Stem/Guide []	Stem/Guide []	Stem/Guide []	Stem/Guide []
Retainer []	Retainer []	Retainer []	Retainer []
Lock Nuts []	Lock Nuts []	Lock Nuts []	Lock Nuts []
Shut Off # 1 Closed Tight: _____		Shut Off # 2 Closed Tight: _____	

Assembly: Passed _____ Failed _____ **Customer shall maintain records of every repair and test for no less than 3 years. If the device fails, the customer has 10 days to have the device repaired or replaced*

Remarks: _____

Test Kit: _____ Manufacturer: _____ SN#: _____

Time of Test: _____ Date of Test: _____ New Certification: _____ Recertification Test: _____

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly, per industry standards. I also certify that the shut-off valves have been left in the fully open position after the test has been completed.

Tester: _____ Company: _____ Certificate#: _____