# Backflow Prevention Device Test & Maintenance Report

**Owner:** 

**Service Address:**

**Mailing Address:**

**Contact Person:** 
**Title:**

**Phone:** 
**Email:**

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**Assembly or Method Type:** 
**Location on Property:**

**Make:** 
**Model:** 
**Serial No:** 
**Size:**

**Line Pressure:** 
**Install Date:** 
**Last Inspection:**

**Installation Type:** 
- Domestic  
- Fire  
- Irrigation  
- Isolation

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### Pressure Vacuum Breaker

<table>
<thead>
<tr>
<th>Air Inlet</th>
<th>Check Valve</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opened</td>
<td></td>
</tr>
<tr>
<td>_______PSID</td>
<td>First Test</td>
</tr>
<tr>
<td>_______PSID</td>
<td>With Flow</td>
</tr>
</tbody>
</table>

**Repairs or Comments:**

### Reduced Pressure Zone

<table>
<thead>
<tr>
<th></th>
<th>First Check</th>
<th>Second Check</th>
<th>Relief Valve</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direction of Flow</td>
<td>______PSID</td>
<td>______PSID</td>
<td>______PSID</td>
</tr>
<tr>
<td>Held Tight</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leaked</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Repairs or Comments:**

### Dual Check (Single Fam. Residential Only)

<table>
<thead>
<tr>
<th>Cleaned Checks</th>
<th>Replaced Checks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

### Double Check

<table>
<thead>
<tr>
<th></th>
<th>First Check</th>
<th>Second Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direction of Flow</td>
<td>______PSID</td>
<td>______PSID</td>
</tr>
</tbody>
</table>

**Repairs or Comments:**

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**Passed**  
**Failed**  
**Test Date:** 

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**Certified Cross-Connection Control Technician:**

**Certification Expiration Date:** 
**Cert. Tester #:**

**Certification Agency:**

**Certification Agency Address:**

**Certification Agency Phone:** 
**Equip Calibration Date:**

**The Above is Certified to be True by (Signature):**