The backflow prevention assembly detailed below has been tested and maintained. Regulations and is certified to be operating within acceptable parameters.

**TYPE OF ASSEMBLY**

- Reduced Pressure Principle
- Reduced Pressure Principle-Detector
- Double Check Valve
- Double Check-Detector
- Pressure Vacuum Break
- AVB
- Spill-Resistant Pressure Vacuum Breaker
- OTHER

Manufacturer: _____________________ Size: ____________ Model Number: ______________________________

Located At: __________________________________________ Serial Number:_______________________________

Description:__________________________________

Ex.: (Service Line, Lawn Irrigation, Fire, Soda, Boiler, etc.)

**Is the assembly installed in accordance with manufacturer recommendations and/or local codes?**

(Please Circle)

<table>
<thead>
<tr>
<th>Pass / Fail</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ YES ☐ NO</td>
</tr>
</tbody>
</table>

**Initial Test**

**Reduced Pressure Principle Assembly**

<table>
<thead>
<tr>
<th>Test point #1</th>
<th>Double Check Valve Assembly</th>
<th>Pressure Vacuum Breaker</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1st Check</td>
<td>Relief Valve</td>
</tr>
<tr>
<td></td>
<td>2nd Check</td>
<td>Air Inlet</td>
</tr>
<tr>
<td></td>
<td>1st Check</td>
<td>Check Valve</td>
</tr>
</tbody>
</table>

**Initial Static held at _____p.s.i.**

- Held at _____psid
- Closed Tight
- Leaked
- Held at _____psid
- Closed Tight
- Leaked
- Opened at _____psid
- Did not open
- Held at _____psid
- Did not open

**Repairs and Materials Used**

- Held at _____psid
- Closed Tight
- Opened at _____psid
- Held at _____psid
- Closed Tight
- Opened at _____psid
- Held at _____psid

**Test After Repair**

- Held at _____psid
- Closed Tight
- Opened at _____psid
- Held at _____psid
- Closed Tight
- Opened at _____psid
- Held at _____psid

**Test Gauge Used**

<table>
<thead>
<tr>
<th>Make/Model</th>
<th>Serial #</th>
<th>Calibration Expiration Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Firm Name
- Firm Physical Address & City, State Zip:
- Firm Phone #
- E-mail Address

I certify this document to be true at the time of testing

Signature: ___________________________ Date: _____________

**REMARKS:**

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Notify Property Owner

☐ YES ☐ NO
DETAIL SHEET

1. Location of Backflow Device
2. Location of Isolation Valve
3. Location of water service line
4. Location of irrigation service line
5. Elevation of water and backflow system (if located inside the structure)

Documentation

1. Freeze protection
2. Test Report
3. Manufactures Design Specification (if applicable)
4. Test Gauge Calibration Report (if applicable)