



# BACKFLOW TEST AND MAINTENANCE REPORT FORM

**\* PLEASE COMPLETE THE WVWA SECTION WITH ANY INFORMATION AVAILABLE \***

Name \_\_\_\_\_ Account # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Service # \_\_\_\_\_ - \_\_\_\_\_  
 Address \_\_\_\_\_ Contact \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Municipality \_\_\_\_\_  
 Device Type \_\_\_\_\_ Serial # \_\_\_\_\_ Size \_\_\_\_\_" Test Due Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Manufacturer \_\_\_\_\_ Model # \_\_\_\_\_ Meter Association \_\_\_\_\_

**INSTRUCTIONS TO APPROVED TESTERS:** Failure to complete this form accurately will result in rejection of the test form and possibly result in water service termination. **NO OTHER FORM WILL BE ACCEPTED**

<input type="checkbox"/> Reduced Pressure Principle Backflow Prevention Assembly (RPZ)			
<input type="checkbox"/> Double Check Valve Backflow Prevention Assembly (DC)			
Static Line Pressure: _____ PSID	<b>Check Valve #1</b>	<b>Check Valve #2</b>	<b>Differential Pressure Relief Valve</b>
Initial Test of Device Date ____/____/____	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight _____ PSID (RPZ)	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Opened at _____ PSID <input type="checkbox"/> Did not open
Maintenance of Device (Describe Repair) Date ____/____/____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired Material Used _____ _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired Material Used _____ _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired Material Used _____ _____
Changed or New Device Installed (must be tested on line)	<input type="checkbox"/> DC Size _____ Model _____ Serial _____ Manuf. _____	<input type="checkbox"/> RPZ Size _____ Model _____ Serial _____ Manuf. _____	
Final Test of Device Date ____/____/____	<input type="checkbox"/> Closed Tight _____ PSID (RPZ)	<input type="checkbox"/> Closed Tight	Opened at _____ PSID

**REMARKS:** \_\_\_\_\_  
 \_\_\_\_\_

**TESTER CERTIFICATION\* (MUST attach a copy of your certification)**

I hereby certify the above data to be correct and that the above backflow prevention assembly is in proper operating condition.

Tester (signature): \_\_\_\_\_ Test Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Tester (print): \_\_\_\_\_ Cert. No: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Test Kit Used: \_\_\_\_\_ Date Gauge Calibrated: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Test Kit)

Please **EMAIL** of the completed form to: [backflows@westviewwater.org](mailto:backflows@westviewwater.org)

\*Visit our website at <https://westviewwater.org> for information and FAQs regarding this mandatory testing.