



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	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve
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 ASSE certification)

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

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

Please **EMAIL** of the completed form to: backflowcs@westviewwater.org

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