



TOWN OF CLAYTON

BACKFLOW PREVENTION TEST AND MAINTENANCE REPORT

CUSTOMER: _____
 STREET ADDRESS: _____
 LOCATION OF ASSEMBLY: _____

TYPE OF ASSEMBLY: RP DC PVB SIZE _____ LINE PRESSURE _____
 MANUFACTURER: _____ MODEL: _____ SERIAL NO.: _____

RELIEF VALVE	CHECK VALVE #1	CHECK VALVE #2	PRESSURE VACUUM BREAKER
OPENED AT: _____ PSID BUFFER _____ PSID DID NOT OPEN <input type="checkbox"/>	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE: _____ PSID	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE: _____ PSID	AIR INLET OPENED AT: _____ PSID <input type="checkbox"/> DID NOT OPEN CHECK VALVE <input type="checkbox"/> LEAKED HELD AT _____ PSID
<input type="checkbox"/> CLEANED ONLY REPLACED: <input type="checkbox"/> RUBBER KIT <input type="checkbox"/> RV ASSEMBLY	<input type="checkbox"/> CLEANED ONLY REPLACED: <input type="checkbox"/> RUBBER KIT <input type="checkbox"/> RV ASSEMBLY	<input type="checkbox"/> CLEANED ONLY REPLACED: <input type="checkbox"/> RUBBER KIT <input type="checkbox"/> RV ASSEMBLY	<input type="checkbox"/> CLEANED ONLY REPLACED: <input type="checkbox"/> RUBBER KIT <input type="checkbox"/> RV ASSEMBLY
OPENED AT: _____ PSID BUFFER _____ PSID	CLOSED TIGHT _____ PSID	CLOSED TIGHT _____ PSID	AIR INLET _____ PSID CHECK VALVE _____ PSID

NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN 30 DAYS.

REMARKS: _____

I HEREBY CERTIFY THAT AT THE DATE AND TIME OF THE TEST INDICATED, THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE ASSEMBLY PER CURRENT INDUSTRY STANDARDS. I ALSO CERTIFY THAT THE #1 AND #2 SHUTOFF VALVES HAVE BEEN LEFT IN THE FULLY OPENED POSITION.

INITIAL TEST BY:	CERTIFIED TESTER NO.:	PASS / FAIL	DATE:
REPAIRED BY:	CERTIFIED TESTER NO.:		DATE:
FINAL TEST BY:	CERTIFIED TESTER NO.:	PASS / FAIL	DATE:

DOMESTIC COMMERCIAL FIRE LAWN IRRIGATION NEW TEST RECERTIFICATION TEST
 WATER METER NUMBER: _____ PLUMBING PERMIT NUMBER: _____
 TIME OF DAY: _____ AM PM TEST KIT CALIBRATION DATE: _____
 TEST KIT MFG/MODEL NO. & SERIAL NO: _____
 SIGNATURE OF TESTER _____