



TOWN OF WARRENTON BACKFLOW PREVENTOR TEST / MAINTENANCE REPORT

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

TYPE OF ASSEMBLY: RPZ <input type="checkbox"/> DC <input type="checkbox"/> DDC <input type="checkbox"/> SIZE: _____ LINE PRESSURE _____ PSI
MANUFACTURER: _____ MODEL: _____ SERIAL # _____

	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE
INITIAL TEST	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> DIFF. PRESSURE ACROSS CHECK VALVE: _____ PSI	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> DIFF. PRESSURE ACROSS CHECK VALVE: _____ PSI	OPENED AT: _____ PSID DID NOT OPEN <input type="checkbox"/>
REPAIRS	CLEANED ONLY <input type="checkbox"/> REPLACED: RUBBER KIT <input type="checkbox"/> RV ASSEMBLY <input type="checkbox"/>	CLEANED ONLY <input type="checkbox"/> REPLACED: RUBBER KIT <input type="checkbox"/> RV ASSEMBLY <input type="checkbox"/>	CLEANED ONLY <input type="checkbox"/> REPLACED: RUBBER KIT <input type="checkbox"/> RV ASSEMBLY <input type="checkbox"/>
FINAL TEST	CLOSED TIGHT <input type="checkbox"/> PSID _____	CLOSED TIGHT <input type="checkbox"/> PSID _____	OPENED AT: _____ PSID REDUCED PRESSURE

I HEREBY CERTIFY THAT AT THE DATE AND TIME OF THE TESTS 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.

NOTE: FOR TANDEM BACKFLOW PREVENTERS, THE VALVES FOR BOTH DEVICES ARE TO BE IN THE OPEN POSITION AT ALL TIMES, EXCEPT WHEN TESTING ONE DEVICE AT A TIME. OTHERWISE, THE GASKETS WILL DRY OUT ON A DEVICE THAT IS LEFT OFF.

INITIAL TEST BY:	CERTIFIED TESTER #	DATE OF TEST:
REPAIRED BY:	CERTIFIED TESTER #	DATE OF TEST:
FINAL TEST BY:	CERTIFIED TESTER #	DATE OF TEST:

DOMESTIC <input type="checkbox"/>	COMMERCIAL <input type="checkbox"/>	FIRE <input type="checkbox"/>	LAWN IRRIGATION <input type="checkbox"/>
SIGNATURE OF TESTER _____		DATE _____	

YOU MAY E-MAIL PDF REPORT TO: loliver@warrentonva.gov
OR SNAIL MAIL REPORT TO: TOWN OF WARRENTON ATTN: LARRY OLIVER PO DRAWER 341 WARRENTON, VA 20188