



APN # _____ ACCOUNT # _____

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

NEW INSTALLATION: ANNUAL TEST:

ACCOUNT NAME: _____ MAIL TO: _____
 SERVICE ADDRESS: _____
 LOCATION OF DEVICE: _____

TYPE OF SERVICE: DOMESTIC: FIRE: Irrig: Mechanical: Other:
 TYPE OF DEVICE: DC: RP: RPDA: DCDA: PVB: SVB:

MANUFACTURER: _____ MODEL: _____ SERIAL NUMBER: _____
 SIZE: _____

REDUCED PRESSURE PRINCIPLE ASSEMBLY (RPZ) _____ PRESSURE VACUUM BREAKER _____
 DOUBLE CHECK VALVE ASSEMBLY _____ SUCTION VACUUM BREAKER _____

INITIAL TEST	CHECK VALVE 1	CHECK VALVE 2	RELIEF VALVE	PVB/SVB	
APPARENT READING _____	PSID _____	PSID _____	OPENED AT _____ PSID	AIR INLET OPENED AT _____ PSID	
	LEAKED: <input type="checkbox"/>	CLOSED TIGHT: <input type="checkbox"/> LEAKED: <input type="checkbox"/>	DID NOT OPEN: <input type="checkbox"/>	DID NOT OPEN: <input type="checkbox"/>	
REPAIRS	CLEANED: <input type="checkbox"/> REPLACED: <input type="checkbox"/>	CLEANED: <input type="checkbox"/> REPLACED: <input type="checkbox"/>	CLEANED: <input type="checkbox"/> CLEANED SENSING LINE: <input type="checkbox"/> REPLACED: <input type="checkbox"/>	CHECK VALVE: HELD AT _____ PSID LEAKED: <input type="checkbox"/>	
	DISC: <input type="checkbox"/> SPRING: <input type="checkbox"/> GUIDE: <input type="checkbox"/> PIN RETAINER: <input type="checkbox"/> HINGE PIN: <input type="checkbox"/> SEAT: <input type="checkbox"/> DIAPHRAGM: <input type="checkbox"/> OTHER: <input type="checkbox"/>	DISC: <input type="checkbox"/> SPRING: <input type="checkbox"/> GUIDE: <input type="checkbox"/> PIN RETAINER: <input type="checkbox"/> HINGE PIN: <input type="checkbox"/> SEAT: <input type="checkbox"/> DIAPHRAGM: <input type="checkbox"/> OTHER: <input type="checkbox"/>	DISC: <input type="checkbox"/> UPPER: <input type="checkbox"/> LOWER: <input type="checkbox"/> SPRING: <input type="checkbox"/> DIAPHRAGM: LARGE: <input type="checkbox"/> UPPER: <input type="checkbox"/> LOWER: <input type="checkbox"/> SMALL: <input type="checkbox"/> SEAT: <input type="checkbox"/> UPPER: <input type="checkbox"/> LOWER: <input type="checkbox"/> SPACER: <input type="checkbox"/> LOWER: <input type="checkbox"/> OTHER: <input type="checkbox"/>	CLEANED: <input type="checkbox"/> REPLACED: AIR INLET: <input type="checkbox"/> DISC: <input type="checkbox"/> CHECK DISC: <input type="checkbox"/> AIR INLET: <input type="checkbox"/> SPRING: <input type="checkbox"/> CHECK SPRING: <input type="checkbox"/> OTHER: <input type="checkbox"/>	
	Final Test	PSID _____	PSID _____	OPENED AT _____ PSID	AIR INLET OPENED AT _____ PSID
	APPARENT Reading	LEAKED: <input type="checkbox"/>	CLOSED TIGHT: <input type="checkbox"/> LEAKED: <input type="checkbox"/>		

PASS: FAIL: GAUGE # _____

COMMENTS: _____

CERTIFIED TESTER NAME	MICHIGAN CERTIFICATION #	COMPANY NAME	TEST DATE
-----------------------	--------------------------	--------------	-----------

PLEASE RETURN via EMAIL: KLSWA@KLSWA.COM or via USPS: KLSWA, PO BOX 789, SAUGATUCK MI 49453