

APN #: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

**BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT**

NEW INSTALLATION

ANNUAL TEST

ACCOUNT NAME: \_\_\_\_\_

SERIAL #: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

MANUFACTURER: \_\_\_\_\_

DEVICE LOCATION: \_\_\_\_\_

MODEL / SIZE: \_\_\_\_\_

TYPE OF SERVICE:  DOMESTIC  FIRE  IRRIGATION  MECHANICAL  OTHER

TYPE OF DEVICE: DC:  RPZ:  RPDA:  DCDA:  PVB:  SVB:

**REDUCED PRESSURE PRINCIPLE ASSEMBLY (RPZ)**

**PRESSURE VACUUM BREAKER  
SUCTION VACUUM BREAKER**

**DOUBLE CHECK VALVE ASSEMBLY**

INITIAL TEST	CHECK VALVE 1	CHECK VALVE 2	RELIEF VALVE	PVB/SVB
APPARENT READING _____ PSID	<input type="checkbox"/> PSID <input type="checkbox"/> LEAKED	<input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED	OPENED AT _____ PSID <input type="checkbox"/> DID NOT OPEN	AIR INLET OPENED AT _____ PSID <input type="checkbox"/> DID NOT OPEN
	CLEANED: <input type="checkbox"/> <b>REPLACED:</b> 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"/>	_____ PSID CLEANED: <input type="checkbox"/> <b>REPLACED:</b> 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"/>	CLEANED SENSING LINE: <input type="checkbox"/> CLEANED: <input type="checkbox"/> <b>REPLACED:</b> UPPER: <input type="checkbox"/> DISC: <input type="checkbox"/> LOWER: <input type="checkbox"/> SPRING: <input type="checkbox"/> DIAPHRAGM: UPPER: <input type="checkbox"/> LARGE: <input type="checkbox"/> LOWER: <input type="checkbox"/> SMALL: <input type="checkbox"/> UPPER: <input type="checkbox"/> SEAT: <input type="checkbox"/> LOWER: <input type="checkbox"/> LOWER: <input type="checkbox"/> SPACER: <input type="checkbox"/> OTHER: <input type="checkbox"/>	<b>CHECK VALVE</b> AIR INLET OPENED AT _____ PSID LEAKED: <input type="checkbox"/> CLEANED: <input type="checkbox"/> <b>REPLACED:</b> AIR INLET: DISC: <input type="checkbox"/> CHECK DISC: <input type="checkbox"/> AIR INLET: <input type="checkbox"/> SPRING: CHECK SPRING: <input type="checkbox"/> OTHER: <input type="checkbox"/>
FINAL TEST	<input type="checkbox"/> LEAKED	CLOSED TIGHT----- <input type="checkbox"/>		
APPARENT READING _____ PSID	_____ PSID	LEAKED----- <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID	AIR INLET OPENED AT _____ PSID

PASS:

FAIL:

GAUGE #: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CERTIFIED TESTER NAME:

MICHIGAN CERTIFICATION NUMBER:

COMPANY NAME:

TEST DATE:

PLEASE RETURN via EMAIL: [KLSWA@KLSWA.COM](mailto:KLSWA@KLSWA.COM) or via USPS: KLSWA - P.O. BOX #789 - SAUGATUCK, MI - 49453