



**Send to: Backflow Solutions, Inc. (BSI)**  
**bsionline@backflow.com**  
**1-800-414-4990**

**Backflow Test and Maintenance Report**

CUSTOMER: \_\_\_\_\_ BUSINESS NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

LOCATION OF ASSEMBLY: \_\_\_\_\_

TYPE OF ASSEMBLY:      RP                   DC                   PVB                   SIZE: \_\_\_\_\_

MANUFACTURER: \_\_\_\_\_ MODEL: \_\_\_\_\_ SERIAL NO.: \_\_\_\_\_

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

**NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN THIRTY (30) DAYS.**

REMARKS: \_\_\_\_\_

*I hereby certify that at the date and time of the indicated, this data is accurate and reflects proper operation and maintenance of the assembly per current industry standards. I also certify that the # 1 and # 2 shut off valves have been left in the fully opened position.*

INITIAL TEST BY: \_\_\_\_\_ CERTIFIED TESTER NO.: \_\_\_\_\_ DATE: \_\_\_\_\_

REPAIRED BY: \_\_\_\_\_ CERTIFIED TESTER NO.: \_\_\_\_\_ DATE: \_\_\_\_\_

FINAL TEST BY: \_\_\_\_\_ CERTIFIED TESTER NO.: \_\_\_\_\_ DATE: \_\_\_\_\_

DOMESTIC       FIRE       LAWN IRRIGATION       NEW TEST       RECERTIFICATION TEST

WATER METER NUMBER: \_\_\_\_\_ PLUMBING PERMIT NUMBER: \_\_\_\_\_

TEST KIT:      DIFFERENTIAL       ELECTRONIC       SERIAL # \_\_\_\_\_      LINE PRESSURE: \_\_\_\_\_

TIME OF DAY: \_\_\_\_\_ A.M.       P.M.       SIGNATURE OF TESTER: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_