



Backflow Prevention Assembly Test and Maintenance Report

Name of Owner:
Service Address:
City, State, ZIP Code:
Location of Assembly:
Name of Tester Company: Phone:
Service Meter No.: Bypass Meter No.:
Type: Manufacturer: Model: Size: Serial No.:
Tester Name: Certification No: Date: Time:
Service Type (Circle): Domestic Irrigation Fire Line Domestic/Fire Line Circle: New Test/Recertification Line Pressure:
Test Kit: Serial No.: Calibration Date:

Table with 4 columns: NO. 1 CHECK VALVE, NO. 2 CHECK VALVE, RELIEF VALVE, PRESSURE VACUUM BREAKER. Rows include status checks (Leaked, Closed Tight, Cleaned, Replaced) and pressure readings (PSID).

Comments:

This assembly: PASSED FAILED

I hereby certify that the data is accurate and reflects the proper operation and maintenance of the assembly.

Tester Signature Date

- * All repairs must be made within 10 business days.
* Test and maintenance reports must be submitted within 15 business days.

To be added to the Town of Hillsborough's approved tester list, contact Hillsborough Utilities Infrastructure Protection Supervisor Troy Miller.