



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 # _____ By-Pass Meter # _____

Type: _____ Manufacturer: _____ Model: _____ Size: _____ Serial # _____

Tester Name: _____ Cert. #: _____ Date: _____ Time: _____

Service Type: (Circle) Dom. Irr. FL. DOM./FL. (Circle) New Test /Recertification Line Pressure: _____

Test Kit: _____ Serial # _____ Calibration Date: _____

NO. 1 CHECK VALVE	NO. 2 CHECK VALVE	RELIEF VALVE	PRESSURE VACUUM BREAKER
<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	Opened at ___ PSID	Air Inlet ___ PSID <input type="checkbox"/> Did not open Check Valve ___ PSID <input type="checkbox"/> Leaked
<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced: _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced: _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced: _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced: _____
Closed Tight at ___ PSID	Closed Tight at ___ PSID	Opened at ___ PSID	Air Inlet ___ PSID Check Valve ___ PSID
Shut Off Valve #1 _____ Leaked _____ Closed Tight	Shut Off Valve #2 _____ Leaked _____ Closed Tight	Buffer: _____	

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 & MAINTENANCE REPORTS MUST BE SUBMITTED WITHIN 15 BUSINESS DAYS**

Please contact Troy Miller at number below to be added to the Town of Hillsborough's approved tester list.

101 East Orange St. P.O. Box 429 Hillsborough, North Carolina 27278

919-732-9459 Fax 919-732-1010