



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: _____

NO. 1 CHECK VALVE	NO. 2 CHECK VALVE	RELIEF VALVE	PRESSURE VACUUM BREAKER
<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Differential pressure across check valve ____ PSID	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Differential 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 No. 1 _____ Leaked _____ Closed Tight		Buffer: _____	Shut-off Valve No. 2 _____ Leaked _____ Closed Tight

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.