

Assembly Serial #:
Enter Test Date/Time (m/d/yy hh:mm):

Gauge Serial #:
Tester Certification #:

Date Certification Expires:

Residential Non-single residential/commercial

Assembly Test Results: PASS FAIL

Backflow Prevention Device Test & Maintenance Report

Testing Company: Submit results to www.TrackMyBackFlow.com and final report by e-mail to Backflow@berthoud.org and to your customer. Incomplete test forms will not be accepted. To avoid compliance issues, submit reports within 10 days of testing. *FAILED tests must be resolved within 10 days of failure. Type "FAILED TEST" in email subject line.

Account	Water District /Authority: BERTHOUD	Utility or BFSite Id:	Site Contact:
	Facility Name:		Site Phone:
	Site Address:	Email:	
	Site Mailing Address:		

OMC	Owner Manager Contractor Other	Name:
	Company Name:!	Phone:
	Mailing Address:	

Assembly	Make:	Model:	Size:
	Type: <input type="checkbox"/> RPZ <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> SVB <input type="checkbox"/> Air Gap <input type="checkbox"/> AVB <input type="checkbox"/> Other Device		
	Date Installed:	Location on Property:	
	<input type="checkbox"/> New Installation	Orientation	Service
	Replacement Stolen	Inlet: Outlet:	Protection
	Enter previous device serial #	<input type="checkbox"/> Vertical Up <input type="checkbox"/> <input type="checkbox"/> Vertical Down <input type="checkbox"/> <input type="checkbox"/> Horizontal <input type="checkbox"/>	<input type="checkbox"/> Domestic <input type="checkbox"/> Containment <input type="checkbox"/> Fire <input type="checkbox"/> Isolation <input type="checkbox"/> Irrigation <input type="checkbox"/> Containment by Isolation <input type="checkbox"/> Other:

Testing & Maintenance	Initial PSI	Initial Test Results	Repaired	Cleaned	Re-test Results
		Tightness Differential	<input type="checkbox"/> Ck#1 <input type="checkbox"/> Ck#2 <input type="checkbox"/> RV	<input type="checkbox"/> Ck#1 <input type="checkbox"/> Ck#2 <input type="checkbox"/> RV	Tightness Differential
Testing & Maintenance	Check Valve #1 RPZ, DC, PVB, SVB	<input type="checkbox"/> Leak <input type="checkbox"/> Tight	<input type="checkbox"/> Ck#1 <input type="checkbox"/> disc <input type="checkbox"/> spring <input type="checkbox"/> seat <input type="checkbox"/> other:	<input type="checkbox"/> Ck#1 <input type="checkbox"/> disc <input type="checkbox"/> spring <input type="checkbox"/> seat <input type="checkbox"/> other:	<input type="checkbox"/> Leak <input type="checkbox"/> Tight
	Check Valve #2 RPZ, DC	<input type="checkbox"/> Leak <input type="checkbox"/> Tight	<input type="checkbox"/> Ck#2 <input type="checkbox"/> disc <input type="checkbox"/> spring <input type="checkbox"/> seat <input type="checkbox"/> other:	<input type="checkbox"/> Ck#2 <input type="checkbox"/> disc <input type="checkbox"/> spring <input type="checkbox"/> seat <input type="checkbox"/> other:	<input type="checkbox"/> Leak <input type="checkbox"/> Tight
	Relief Valve RV, RPZ		RV <input type="checkbox"/> Diaphragm <input type="checkbox"/> seat <input type="checkbox"/> other:		
	Buffer RPZ		Repaired: <input type="checkbox"/> Air Inlet	Cleaned: <input type="checkbox"/> Air Inlet	
Testing & Maintenance	Air Inlet Air inlet, PVB, SVB		Air Inlet <input type="checkbox"/> poppet <input type="checkbox"/> bonnet <input type="checkbox"/> other:		
	Shutoff Valve #1	<input type="checkbox"/> Leak <input type="checkbox"/> Tight	SOV #1: <input type="checkbox"/> Open Upon Arrival <input type="checkbox"/> Open At Departure	Backpressure exists? YES NO	
Testing & Maintenance	Shutoff Valve #2	<input type="checkbox"/> Leak <input type="checkbox"/> Tight	SOV #2: <input type="checkbox"/> Open Upon Arrival <input type="checkbox"/> Open At Departure	Cause:	
	Assembly Concerns: (only if applicable) <input type="checkbox"/> Incorrect Installation <input type="checkbox"/> Incorrect Use Turn off date: Turn off time:	Test Procedure: <input type="checkbox"/> ABPA <input type="checkbox"/> ASSE Turn on date: Turn on time:	Comments and or Repair Notes:		

Notice	Alarm Company/Fire Department Notified	Fire suppression contractor certification #
	Person Notified:	Turn off date/time
	Contacted by:	Turn on date/time:

Kit	Test Kit Make:	Model:	Last Calibration Date:
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Tester	<i>I hereby certify that the isolation/Shutoff Valves (SOV #1 and SOV #2) have been returned to the position in which they were found and that the last test was done according to the procedure shown above required by the Water District/Authority shown above) and the test readings are true and accurate to the best of my ability.</i>		
	Company:	Tester Phone:	Customer Signature:
	Name:	Tester Signature:	
	Backflow testers who test or repair assemblies on a fire line must be registered with the Colorado Division of Fire Safety.		