

**BACKFLOW PREVENTION ASSEMBLY  
 TEST & MAINTENANCE FORM**  
*THIS FORM MUST BE COMPLETED BY AN ASSE-CERTIFIED TESTER*

**1. GENERAL INFORMATION**

NAME OF FACILITY		SERVICE ADDRESS		SERVICE CLASS	
ASSEMBLY LOCATION		HAZARD ID #	ACCOUNT NUMBER	METER #	
MANUFACTURER	MODEL	SERIAL NO.		SIZE	TYPE

**2. TEST & REPAIR INFORMATION**

	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
<b>INITIAL TEST</b>	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS FIRST CHECK VALVE ____ PSID	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS SECOND CHECK VALVE ____ PSID	<input type="checkbox"/> OPEN AT ____ PSID <input type="checkbox"/> DID NOT OPEN	<input type="checkbox"/> AIR NET OPENED AT ____ PSID <input type="checkbox"/> DID NOT OPEN <input type="checkbox"/> CHECK VALVE ____ PSID <input type="checkbox"/> CHECK VALVE LEAKED
<b>REPAIR</b>				
<b>FINAL TEST</b>	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS FIRST CHECK VALVE ____ PSID	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS SECOND CHECK VALVE ____ PSID	<input type="checkbox"/> OPEN AT ____ PSID <input type="checkbox"/> DID NOT OPEN	<input type="checkbox"/> AIR NET OPENED AT ____ PSID <input type="checkbox"/> DID NOT OPEN <input type="checkbox"/> CHECK VALVE ____ PSID <input type="checkbox"/> CHECK VALVE LEAKED
<b>REMARKS</b>	CONDITION OF NO. 2 CONTROL VALVE <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED		LINE PRESSURE ____ PSIG	DATE _____ PASS DATE _____ FAIL

**3. APPROVALS**

<b>"I Hereby Certify that this Data is Accurate and Reflects the Proper Operation and Maintenance of the Assembly."</b>			
NAME OF CERTIFIED BACKFLOW TESTER (PRINT)		PHONE NUMBER	BUSINESS NAME
TEST GAUGE SERIAL NUMBER		TEST GAUGE LAST CALIBRATION DATE	
<b>INITIAL TEST</b>	SIGNATURE OF INITIAL TESTER	CERTIFIED TESTER NUMBER	DATE
<b>REPAIRS</b>	SIGNATURE OF REPAIRER	CERTIFIED TESTER NUMBER (IF APPLICABLE)	DATE
<b>FINAL TEST</b>	SIGNATURE OF FINAL TESTER	CERTIFIED TESTER NUMBER	DATE

All testers must have current ASSE Certification. The tester is required to submit the completed Backflow Prevention Assembly Test & Maintenance Report(s) to our Cross-Connection Department online at [CleanWaterProtection.com](http://CleanWaterProtection.com). Each individual Backflow Prevention Assembly Test & Maintenance Form submitted online requires a \$17 submission fee, payable online. Reports submitted by mail require a \$25 submission fee, payable to NAWSC. These forms may not be submitted via email or fax.