

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

1. GENERAL INFORMATION

NAME OF FACILITY		ASSEMBLY LOCATION		SERVICE CLASS	
SERVICE ADDRESS		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
INITIAL TEST	<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 FIRST 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
REPAIR				
FINAL TEST	<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 FIRST 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
REMARKS	CONDITION OF NO. 2 CONTROL VALVE <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED		LINE PRESSURE ____PSIG	DATE _____ PASS DATE _____ FAIL

3. APPROVALS

"I Hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly"				
NAME OF CERTIFIED BACKFLOW TESTER(PRINT)		PHONE NUMBER	BUSINESS NAME	
TEST GAUGE SERIAL NUMBER		TEST GAUGE LAST CALIBRATION DATE		
INITIAL TEST	SIGNATURE OF INITIAL TESTER	CERTIFIED TESTER NUMBER	DATE	EXPIRATION DATE
REPAIRS	SIGNATURE OF REPAIRER	CERTIFIED TESTER NUMBER (IF APPLICABLE)	DATE	EXPIRATION DATE
FINAL TEST	SIGNATURE OF FINAL TESTER	CERTIFIED TESTER NUMBER	DATE	EXPIRATION DATE

All testers must have a current ASSE Certification. Tester or facility owner is encouraged to submit a copy of this paper via email to nburnell@LBCJMA.com as well as mailing the original to the address listed above.

DUE DATE: October 31, 2023