

Assembly Serial #	_____
Test Date / Time	_____
Tester Certification #	_____
Account ID #	_____
Premise ID#	_____
Assembly Test Results	<input type="checkbox"/> Pass <input type="checkbox"/> *Fail

Backflow Assembly Test & Maintenance Report (please print with **BLOCK LETTERING**)

Account	Water Supplier: _____ District: _____ Meter #: _____
	Facility Name: _____ Phone: _____
	Address: _____ City: _____ ST: _____ Zip: _____

Assembly	Make: _____ Model: _____ Size: _____ Date Installed: _____
	Type: <input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> AVB <input type="checkbox"/> Air Gap
	Location on property: _____ <u>Orientation</u>
	<input type="checkbox"/> New <u>Use</u> <u>Protection</u> Inlet Outlet
	<input type="checkbox"/> Existing <input type="checkbox"/> Domestic <input type="checkbox"/> Containment <input type="checkbox"/> Vertical Up <input type="checkbox"/>
	<input type="checkbox"/> Replacement <input type="checkbox"/> Fire <input type="checkbox"/> Glycol <input type="checkbox"/> Containment by Isolation <input type="checkbox"/> Horizontal <input type="checkbox"/>
Previous Assembly Serial # _____ <input type="checkbox"/> Irrigation <input type="checkbox"/> Recycle <input type="checkbox"/> Isolation <input type="checkbox"/> Vertical Down <input type="checkbox"/>	
_____ <input type="checkbox"/> Process Approved: Y <input type="checkbox"/> N <input type="checkbox"/>	

Testing & Maintenance		Initial Test Results		Repairs/Comments	Re-Test Results	
		Tightness	Differential		Tightness	Differential
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input type="checkbox"/> Tight			<input type="checkbox"/> Leak <input type="checkbox"/> Tight	
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input type="checkbox"/> Tight			<input type="checkbox"/> Leak <input type="checkbox"/> Tight	
	Relief Valve (RP)					
	Buffer (RP)					
	Air Inlet (PVB)					
	Backpressure	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Shutoff Valve #1	<input type="checkbox"/> Leak <input type="checkbox"/> Tight				
	Shutoff Valve #2	<input type="checkbox"/> Leak <input type="checkbox"/> Tight				
* FAILED test results "must" be reported to Green Mountain Water within 24 hours of failure at 303-985-1581.						
Test Procedure: <input type="checkbox"/> ABPA _____ <input type="checkbox"/> ASSE _____						
Comments: _____						

Notification	Alarm Company/Fire Department Notified: _____
	Person Notified: _____ Contacted By: _____
	Turn Off Date/Time: _____ Turn On Date/Time: _____

Test Kit	Test Kit Make: _____ Model: _____
	Serial #: _____ Last Calibration Date: _____

Tester	<i>Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.</i>	
	Testing Company: _____	
	Tester Name: _____	Phone: _____
	Signature: _____	Certificate Expiration Date: _____

Testing Company: Please submit by E-mail (backflow@greenmountainwater.org) and type "Backflow Test Reports" in the subject line OR submit by Fax (303-985-0680). E-mail is preferred.