

BOL# \_\_\_\_\_  
AR Clerk \_\_\_\_\_

# Backflow Prevention Assembly Test & Maintenance Report

## WATER SYSTEM INFORMATION:

Water System \_\_\_\_\_ Date \_\_\_\_\_  
PWS ID No. \_\_\_\_\_ Parish \_\_\_\_\_

## LOCATION INFORMATION:

Name of Premises \_\_\_\_\_ Commercial  Residential   
Service Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone No. \_\_\_\_\_  
Email Address \_\_\_\_\_

## BACKFLOW PREVENTION ASSEMBLY INFORMATION:

Type of Assembly  Reduced Pressure (RPA)  Atmospheric Vacuum Breaker (AVB)  
 Double Check Valve (DCV)  Reduced Pressure-Detector  
 Pressure Vacuum Breaker (PVB)  Double Check Valve-Detector  
Other \_\_\_\_\_

Manufacturer \_\_\_\_\_ Size of Assembly \_\_\_\_\_  
Model No. \_\_\_\_\_ Serial No. \_\_\_\_\_  
Location of Assembly \_\_\_\_\_

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? \_\_\_\_\_  
Air Gap Inspection Required minimum air gap separation provided? Yes  No  NA

<u>Initial Test</u>	Held at ____ PSID	Held at ____ PSID	Opened <input type="checkbox"/>	Opened <input type="checkbox"/>	Held at ____ PSID
PASSED <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	at ____ PSID	at ____ PSID	Closed Tight <input type="checkbox"/>
FAILED <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Air Gap Pass? <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
<u>New Parts &amp; Repairs</u>  <i>C= Cleaned</i> <i>R=Replace</i>	C R Part #	C R Part #	C R Part #	C R Part #	C R Part #
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<u>Test After Repairs</u>	Held at ____ PSID	Held at ____ PSID	Opened <input type="checkbox"/>	Opened <input type="checkbox"/>	Held at ____ PSID
PASSED <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	at ____ PSID	at ____ PSID	Closed Tight <input type="checkbox"/>
FAILED <input type="checkbox"/>					

Detector Meter Reading \_\_\_\_\_ Line Pressure (PSI) \_\_\_\_\_  
Remarks \_\_\_\_\_  
\_\_\_\_\_

I certify that the backflow prevention assembly detailed above has been tested and maintained as required by state regulations and is certified to be operating with acceptable parameters.

Certified Tester Name (Printed) _____	Certificate No. _____	Date of Issue _____
Certified Repairer Name (Printed) _____	Certificate No. _____	Date of Issue _____
Test Gauge Used, Make/Model _____	Serial No. _____	Calibration Date _____
Firm Name _____		Phone No. _____
Street Address _____		City, State, Zip _____
Email Address _____		