



BACKFLOW PREVENTION ASSEMBLY TEST & MAINTENANCE FORM

This form must be completed by a certified tester registered with OMU

I. General Information		Contact Person	Phone Number		
		Name of Facility			Address
Location of Assembly			Domestic Fire Service Irrigation	Date of Install	
Manufacturer	Model	Serial No.	Size	<input type="checkbox"/> RP <input type="checkbox"/> PVB <input type="checkbox"/> AG <input type="checkbox"/> DC	
		Test Gage Model	Last Calibrated	LINE PSI	

II. Tests & Repairs 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	<input type="checkbox"/> Open at _____PSID <input type="checkbox"/> Did not open	<input type="checkbox"/> Air inlet opened at _____PSID <input type="checkbox"/> Did not open
Repairs	<input type="checkbox"/> Cleaned Replaced: <input type="checkbox"/> Rubber Parts Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> O-rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Retainer <input type="checkbox"/> Locknuts Other:	<input type="checkbox"/> Cleaned Replaced: <input type="checkbox"/> Rubber Parts Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> O-rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Retainer <input type="checkbox"/> Locknuts Other:	<input type="checkbox"/> Cleaned Replaced: <input type="checkbox"/> Rubber Parts Kit <input type="checkbox"/> RV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Guide Other:	<input type="checkbox"/> Check valve: _____PSID <input type="checkbox"/> Check valve leaked <input type="checkbox"/> Cleaned Replaced: <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc Air Inlet <input type="checkbox"/> Disc CV <input type="checkbox"/> Spring <input type="checkbox"/> Retainer <input type="checkbox"/> Guide <input type="checkbox"/> O-rings Other:
Final Test	<input type="checkbox"/> Closed tight	<input type="checkbox"/> Closed tight	<input type="checkbox"/> Open at PSID reduced pressure	<input type="checkbox"/> Satisfactory
Remarks	Condition of No. 2 Control Valve <input type="checkbox"/> Closed tight <input type="checkbox"/> Leaked			Date _____ assembly pass Date _____ assemble fail

***NOTE: ALL REPAIRS/REPLACEMENTS MUST BE COMPLETED WITHING FOURTEEN (14) DAYS**

III. Approvals

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.					
Name of Certified Backflow Prevention Assembly Tester (print)		Phone Number	Business Name		
Initial Test	Signature of Initial Certified Backflow Prevention Assembly Tester		Certified Tester Number	Date	Time
Repairs	Signature of Repairer		Certified Tester # (if applicable)	Date	Time
Final Test	Signature of Final Certified Backflow Prevention Assembly Tester		Certified Tester Number	Date	Time

**Send Completed Original Form to the Cross Connection Control Dept., 4067 US Highway East, Owensboro, KY 42303
Original – OMU Cross Connection Control Department**