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BACKFLOW TEST & MAINTENANCE REPORT

Status of Test: ANNUAL TEST NEW INSTALL REPLACED DEVICE (OLD#) _____

CUSTOMER/COMPANY INFORMATION:

Company/Customer Name: _____

Service Address: _____

Mailing Address: _____

ASSEMBLY INFORMATION:

Manufacturer: _____ Model: _____ SERIAL NO.: _____

Type of Service: DOMESTIC FIRE IRR. MECH. OTHER: _____

Type of Assembly: RP DC PVB SVB FIRE SIZE: _____

Location of Assembly: _____

	Check Valve #1	Check Valve #2	Relief Valve	Pressure Vacuum Breaker
INITIAL TEST	<input type="checkbox"/> leaked or <input type="checkbox"/> closed tight	<input type="checkbox"/> leaked or <input type="checkbox"/> closed tight	opened at: _____ psi or <input type="checkbox"/> did not open	Air Inlet: opened at: _____ psi or <input type="checkbox"/> did not open
Apparent Reading _____	differential pressure across check valve _____ PSID	OPTIONAL TEST differential pressure across check valve _____ PSID	Outlet shut-off valve: <input type="checkbox"/> leaked <input type="checkbox"/> closed tight	Check Valve: <input type="checkbox"/> leaked or held at _____ psi
REPAIRS	<input type="checkbox"/> cleaned only Replaced: <input type="checkbox"/> rubber kit <input type="checkbox"/> CV assembly or <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"/> lock nuts <input type="checkbox"/> Other	<input type="checkbox"/> cleaned only Replaced: <input type="checkbox"/> rubber kit <input type="checkbox"/> CV assembly or <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"/> lock nuts <input type="checkbox"/> Other	<input type="checkbox"/> RV cleaned only Replaced: <input type="checkbox"/> RV rubber kit <input type="checkbox"/> RV assembly or <input type="checkbox"/> disc <input type="checkbox"/> diaphragm (s) <input type="checkbox"/> seat <input type="checkbox"/> spring <input type="checkbox"/> guide <input type="checkbox"/> O-rings <input type="checkbox"/> Other	<input type="checkbox"/> cleaned only Replaced: <input type="checkbox"/> rubber kit <input type="checkbox"/> CV assembly <input type="checkbox"/> disc, air inlet <input type="checkbox"/> disk, CV <input type="checkbox"/> seat, CV <input type="checkbox"/> spring, air inlet <input type="checkbox"/> spring, CV <input type="checkbox"/> retainer <input type="checkbox"/> guide <input type="checkbox"/> O-rings <input type="checkbox"/> Other _____
FINAL TEST	_____	_____	_____	_____
Apparent Reading _____	differential pressure across check valve _____ psi	differential pressure across check valve _____ psi	Relief valve opened at _____ psi	air inlet _____ psi check valve _____ psi

This Assembly: PASSED FAILED *NOTE: All repairs shall be completed within five (5) working days.*

REMARKS: _____

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: _____ CERT. #: _____ DATE: _____

COMPANY: _____ GAUGE #: _____ TIME: _____

FOR GWC USE ONLY:

Account Number: _____ Date Posted: _____ Staff: _____