

TOWN OF YADKINVILLE



Backflow Prevention Tester Test and Maintenance Report

Customer Name:			
Street Address:			
Location of Assembly:			
Type of Assembly:		Check Appropriate Box	
RP	<input type="checkbox"/>	DC	<input type="checkbox"/>
PVB	<input type="checkbox"/>	Size:	
Manufacturer:		Model No:	Serial #:
RELIEF VALVE	CHECK VALVE #1	CHECK VALVE #2	PRESSURE VACUUM BREAKER
OPENED AT: <input type="checkbox"/> PSID <input type="checkbox"/> BUFFER <input type="checkbox"/> PSID <input type="checkbox"/> DID NOT OPEN	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE <input type="checkbox"/> PSID	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE <input type="checkbox"/> PSID	AIR INLET OPENED AT: <input type="checkbox"/> PSID <input type="checkbox"/> DID NOT OPEN CHECK VALVE: <input type="checkbox"/> LEAKED HELD AT <input type="checkbox"/> PSID
<input type="checkbox"/> CLEANED ONLY	<input type="checkbox"/> CLEANED ONLY	<input type="checkbox"/> CLEANED ONLY	<input type="checkbox"/> CLEANED ONLY
REPLACED: RUBBER KIT <input type="checkbox"/> RV ASSEMBLY <input type="checkbox"/>	REPLACED: RUBBER KIT <input type="checkbox"/> RV ASSEMBLY <input type="checkbox"/>	REPLACED: RUBBER KIT <input type="checkbox"/> RV ASSEMBLY <input type="checkbox"/>	REPLACED: RUBBER KIT <input type="checkbox"/> RV ASSEMBLY <input type="checkbox"/>
OPENED AT: <input type="checkbox"/> PSID <input type="checkbox"/> BUFFER <input type="checkbox"/> PSID	<input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> PSID	<input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> PSID	AIR INLET <input type="checkbox"/> PSID CHECK VALVE <input type="checkbox"/> PSID
SHUT-OFF VALVE #1: <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		SHUT-OFF VALVE #2: <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	
NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN (30) DAYS THIRTY DAYS OR AT THE DISCRETION OF THE PUBLIC WORKS DIRECTOR.			
Remarks: I HEREBY CERTIFY THAT AT THE DATE AND TIME OF THE TEST INDICATED, THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE ASSEMBLY PER CURRENT INDUSTRY STANDARDS. I ALSO CERTIFY THAT THE #1 AND #2 SHUT-OFF VALVES HAVE BEEN LEFT IN THE FULLY OPENED POSITIONS.		PASS: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Initial Test By:		Certified Tester No.:	Date:
Repaired By:		Certified Tester No.:	Date:
Final Test By:		Certified Tester No.:	Date:
Domestic	<input type="checkbox"/>	Fire	<input type="checkbox"/>
Lawn Irrigation	<input type="checkbox"/>	New Test	<input type="checkbox"/>
Recertificaion Test	<input type="checkbox"/>		
Test Kit: ➤	Differential <input type="checkbox"/>	Electronic <input type="checkbox"/>	Line Pressure: PSI
Test Kit Cal Date:			
Time of Day:	AM <input type="checkbox"/>	PM <input type="checkbox"/>	Signature of Tester: