			Test	Test Date / Time _ er Certification # _	Pass	*Fa	
er District: Back	flow Assembly Tesi	t & Maintenance Re	eport (please p	-	sion - Proce	ss Immed	liately
·			Phon	City/Town:			
Size <u>:</u> □ New □ Exist	Date Installed:ing	□ Air Gap	Domestic Fire Irrigation Recycled	pe Of Use □ Glycol		Horizontal Vertical Up	Outlet
	Business Name: Facility Address: Contact Person: Make: Type: □ RP Size: □ New □ Exist Previous Asseml	Business Name: Facility Address: Contact Person: Make: Model: Type: RP DC PVB Size: Date Installed: New Existing Previous Assembly #:	Business Name: Facility Address: Contact Person: Make:	Test Asse Ler District: Backflow Assembly Test & Maintenance Report (please public place) Business Name: Facility Address: Contact Person: Phon Make: Type: Previous Assembly #: In the contact Person place Phon Date Installed: Previous Assembly #: In the contact Person place Phon Phon Domestic place Previous Assembly #: In the contact Person place Phon Previous Assembly #: In the contact Person place Phon Phon Phon Domestic place Previous Assembly #: In the contact Person place Phon Phon Phon Phon Phon Phon Phon Phon	Tester Certification #_ Assembly Test Results Under Suspens er District: Backflow Assembly Test & Maintenance Report (please print CLEARLY with Business Name: Facility Address: City/Town: Contact Person: Phone: Make: Type Of Use Type: RP DC PVB Air Gap Size: Date Installed: Domestic New Existing Fire Glycol Previous Assembly #: Irrigation	Test Date / Time Tester Certification # Assembly Test Results Pass Under Suspension - Proce er District: Backflow Assembly Test & Maintenance Report (please print CLEARLY with BLOCK LET) Business Name: Facility Address: City/Town: Contact Person: Phone: Make: Model: Type Of Use Type: RP DC PVB Air Gap Size: Date Installed: Domestic Inlet New Existing Fire Glycol Previous Assembly #: Irrigation Domestic Domestic Irrigation Domestic Domestic	Test Date / Time Tester Certification # Assembly Test Results Pass Fa Under Suspension - Process Immediate er District: Backflow Assembly Test & Maintenance Report (please print CLEARLY with BLOCK LETTERING) Business Name: Facility Address: City/Town: Contact Person: Phone: Make: Model: Type Of Use Orientation Type: RP DC PVB Air Gap Size: Date Installed: Domestic Inlet New Existing Fire Glycol Horizontal Previous Assembly #: Irrigation Vertical Up

Line

PSI:

Testing & Maintenance

Check Valve #1 (RP, DC, PVB)

Check Valve #2 (RP, DC) Relief Valve (RP) Buffer (RP) Air Inlet (PVB) Test Procedure: ABPA

Comments/Issues:

Serial #:

Signature:

Initial Test

Test Kit Make:

Tester Name:

Testing Company:

Supplies:

Retest

Repairs

ASSE

Model:

Last Calibration Date:

Certificate Expiration Date:

Phone:

Testing Company: Submit by e-mail (preferred) to backflow@invernesswater.org

^{*}FAILED test results must be reported to the District within 24 hours of failure at 303-790-7434