

Assembly Serial # _____ Test Date / Time _____ Tester Certification # _____ Assembly Test Results <input type="checkbox"/> Pass <input type="checkbox"/> *Fail <input type="checkbox"/> Under Suspension - Process Immediately

Water District: Backflow Assembly Test & Maintenance Report (please print CLEARLY with BLOCK LETTERING)

Account	Business Name: _____				
	Facility Address: _____			City/Town: _____	
	Contact Person: _____		Phone: _____		
Assembly	Make: _____ Model: _____		<u>Type Of Use</u>		<u>Orientation</u>
	Type: <input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap		<input type="checkbox"/> Domestic		<u>Inlet</u> <u>Outlet</u>
	Size: _____ Date Installed: _____		<input type="checkbox"/> Fire <input type="checkbox"/> Glycol		<input type="checkbox"/> Horizontal <input type="checkbox"/>
	<input type="checkbox"/> New <input type="checkbox"/> Existing		<input type="checkbox"/> Irrigation		<input type="checkbox"/> Vertical Up <input type="checkbox"/>
	Previous Assembly #: _____		<input type="checkbox"/> Recycled		<input type="checkbox"/> Vertical Down <input type="checkbox"/>
	Location: _____ Supplies: _____				
Testing & Maintenance	Line PSI:	Initial Test	Repairs		Retest
	Check Valve #1 (RP, DC, PVB)				
	Check Valve #2 (RP, DC)				
	Relief Valve (RP)				
	Buffer (RP)				
	Air Inlet (PVB)				
	Test Procedure: ABPA		ASSE		
Comments	Comments/Issues:				
Test Kit	Test Kit Make: _____		Model: _____		
	Serial #: _____		Last Calibration Date: _____		
Tester	Testing Company: _____				
	Tester Name: _____			Phone: _____	
	Signature: _____		Certificate Expiration Date: _____		

Testing Company: Submit by e-mail (preferred) to backflow@invernesswater.org
type "Backflow Test Reports" in the subject line OR submit by Fax to 303-768-9466.

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