

**Assembly Serial #** \_\_\_\_\_  
**Test Date / Time** \_\_\_\_\_  
**Tester Certification #** \_\_\_\_\_  
**Account ID #** \_\_\_\_\_  
**Premise ID#** \_\_\_\_\_  
**Assembly Test Results**  **Pass**  **\*Fail**

**Backflow Assembly Test & Maintenance Report** (please print with **BLOCK LETTERING**)

**Account** Water Supplier: \_\_\_\_\_ District: \_\_\_\_\_ Meter #: \_\_\_\_\_  
 Facility Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

**Assembly** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Size: \_\_\_\_\_ Date Installed: \_\_\_\_\_  
 Type:  RP  DC  PVB  AVB  Air Gap  
 Location on property: \_\_\_\_\_ Orientation  
 New Use Protection Inlet Outlet  
 Existing  Domestic  Containment  Vertical Up   
 Replacement  Fire  Glycol  Containment by Isolation  Horizontal   
 Previous Assembly Serial #  Irrigation  Recycle  Isolation  Vertical Down   
 \_\_\_\_\_  Process Approved: Y  N

	Initial Test Results		Repairs/Comments	Re-Test Results	
	Tightness	Differential		Tightness	Differential
Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input type="checkbox"/> Tight			<input type="checkbox"/> Leak <input type="checkbox"/> Tight	
Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input type="checkbox"/> Tight			<input type="checkbox"/> Leak <input type="checkbox"/> Tight	
Relief Valve (RP)					
Buffer (RP)					
Air Inlet (PVB)					
Backpressure	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Shutoff Valve #1	<input type="checkbox"/> Leak <input type="checkbox"/> Tight				
Shutoff Valve #2	<input type="checkbox"/> Leak <input type="checkbox"/> Tight				

\***FAILED** test results "must" be reported to Green Mountain Water within 24 hours of failure at 303-985-1581.  
 Test Procedure:  ABPA \_\_\_\_\_  ASSE \_\_\_\_\_  
 Comments: \_\_\_\_\_

**Notification** Alarm Company/Fire Department Notified: \_\_\_\_\_  
 Person Notified: \_\_\_\_\_ Contacted By: \_\_\_\_\_  
 Turn Off Date/Time: \_\_\_\_\_ Turn On Date/Time: \_\_\_\_\_

**Test Kit** Test Kit Make: \_\_\_\_\_ Model: \_\_\_\_\_  
 Serial #: \_\_\_\_\_ Last Calibration Date: \_\_\_\_\_

**Tester** *Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.*  
 Testing Company: \_\_\_\_\_  
 Tester Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Certificate Expiration Date: \_\_\_\_\_

Testing Company: Please submit by E-mail (backflow@greenmountainwater.org) and type  
 "Backflow Test Reports" in the subject line OR submit by Fax (303-985-0680). E-mail is preferred.