

FOR OFFICE

USE ONLY

Customer Account # \_\_\_\_\_

# Davidson Water, Inc.

## Backflow Preventer Test and Maintenance Report

CUSTOMER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LOCATION OF ASSEMBLY: \_\_\_\_\_

TYPE OF SERVICE: \_\_\_\_\_ Line Pressure \_\_\_\_\_

TYPE OF ASSEMBLY: RP \_\_\_\_\_ DCVA \_\_\_\_\_ PVB \_\_\_\_\_ SIZE \_\_\_\_\_

MANUFACTURER: \_\_\_\_\_ MODEL: \_\_\_\_\_ SERIAL NO. \_\_\_\_\_

Check Valve #1 (DCVA/RPPA)	Check Valve (DCVA/RPPA)	Relief Valve (RPPA)	Pressure Vacuum Breaker
<input type="checkbox"/> leaked <input type="checkbox"/> Closed tight  Diff. pressure across check valve _____psid	<input type="checkbox"/> leaked <input type="checkbox"/> Closed tight  Diff. pressure across check valve _____psid	Opened at _____ psid  Did Not Open <input type="checkbox"/> buffer psid_____	Air inlet opened at _____ psid Did not open <input type="checkbox"/> CV leaked <input type="checkbox"/>  Held at _____psid
<input type="checkbox"/> cleaned only <b>Replaced</b> rubber kit <input type="checkbox"/> c v assembly <input type="checkbox"/>	<input type="checkbox"/> cleaned only <b>Replaced</b> rubber kit <input type="checkbox"/> c v assembly <input type="checkbox"/>	<input type="checkbox"/> cleaned only <b>Replaced</b> rubber kit <input type="checkbox"/> c v assembly <input type="checkbox"/>	<input type="checkbox"/> cleaned only <b>Replaced</b> rubber kit <input type="checkbox"/> c v assembly <input type="checkbox"/>
<input type="checkbox"/> Closed Tight Diff. Pressure Across check valve_____ psid	<input type="checkbox"/> Closed Tight Diff. Pressure Across check valve_____ psid	Opened at _____psid  Buffer_____ psi	Air Inlet_____ psid  Check valve _____psid
<b>SHUT-OFF #1</b> Leaked (____) Held Tight (____)		<b>SHUT-OFF #2</b> Leaked (____) Held Tight (____)	

ASSEMBLY PASSED (\_\_\_\_) FAILED (\_\_\_\_)

ALL REPAIRS MUST BE MADE WITHIN (10) DAYS

REMARKS: \_\_\_\_\_

DOMESTIC  FIRE  LAWN IRRIGATION

NEW TEST  RECERTIFICATION

I HEREBY CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THIS ASSEMBLY.

TESTER \_\_\_\_\_ CERTIFICATE NO. \_\_\_\_\_

TIME OF TEST: \_\_\_\_\_ DATE: \_\_\_\_\_

**TEST KIT:** DIFFERENTIAL  ELECTRONIC

DATE OF CALIBRATION \_\_\_\_\_ SERIAL NUMBER \_\_\_\_\_

SIGNATURE OF TESTER: \_\_\_\_\_