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 Email Completed Form to: backflow@communitywater.com

**BACKFLOW
 TEST
 REPORT**

Customer Name: _____ Account #: _____
 Service Address: _____ City: _____ State: _____ Zip: _____
 CWC Meter Number: _____ Backflow Manufacturer: _____ Type: _____
 Model: _____ Serial No: _____ Size: _____
 Date Installed: _____ Device Location Description: _____

	CHECK #1 VALVE	CHECK #2 VALVE	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
INITIAL TEST	1. LEAKED <input type="checkbox"/> _____PSID 2. CLOSED TIGHT <input type="checkbox"/>	1. LEAKED <input type="checkbox"/> _____PSID 2. CLOSED TIGHT <input type="checkbox"/>	OPENED AT _____PSID REDUCED PRESSURE DID NOT OPEN <input type="checkbox"/>	AIR INLET OPENED AT _____PSID DID NOT OPEN <input type="checkbox"/> CHECK VALVE _____PSID
R E P A I R S	CLEANED <input type="checkbox"/> REPLACED: DISC <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> PIN RETAINER <input type="checkbox"/> HINGE PIN <input type="checkbox"/> SEAT <input type="checkbox"/> DIAPHRAM <input type="checkbox"/> OTHER, DESCRIBE <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED: DISC <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> PIN RETAINER <input type="checkbox"/> HINGE PIN <input type="checkbox"/> SEAT <input type="checkbox"/> DIAPHRAM <input type="checkbox"/> OTHER, DESCRIBE <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> DISC: UPPER <input type="checkbox"/> LOWER <input type="checkbox"/> SPRING <input type="checkbox"/> DIAPHRAM: LARGE: UPPER <input type="checkbox"/> LOWER <input type="checkbox"/> SMALL <input type="checkbox"/> SEAT: UPPER <input type="checkbox"/> LOWER <input type="checkbox"/> SPACER <input type="checkbox"/> LOWER <input type="checkbox"/> OTHER, DESCRIBE <input type="checkbox"/>	CHECK VALVE CLOSED TIGHT <input type="checkbox"/> DID NOT CLOSE <input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED AIR INLET DISK <input type="checkbox"/> CHECK DISK <input type="checkbox"/> AIR INLET SPRING <input type="checkbox"/> CHECK SPRING <input type="checkbox"/> OTHER, DESCRIBE <input type="checkbox"/>
FINAL TEST	_____PSID CLOSED TIGHT	_____PSID CLOSED TIGHT	OPENED AT _____PSID REDUCED PRESSURE	AIR INLET _____PSID CHECK VALVE _____PSID

INITIAL TEST BY: _____ CERTIFIED TESTER NO. [] [] [] [] [] DATE [] [] [] PASS FAIL

REPAIRED BY: _____ DATE [] [] []

FINAL TEST BY: _____ CERTIFIED TESTER NO. [] [] [] [] [] DATE [] [] [] PASS FAIL

COMMENTS: _____

TESTING FIRM NAME _____ ADDRESS _____ The above device is operating properly:
 _____ Signature of Tester _____

Note: Fire Sprinklers must be chained and locked in the ON position. Initials _____