



# BACKFLOW PREVENTION DEVICE FIELD TESTING & MAINTENANCE REPORT

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SERVICE ADDRESS:

COMMERCIAL

RESIDENTIAL

DEVICE LOCATION:

Manufacturer: \_\_\_\_\_ Type: \_\_\_\_\_ Size: \_\_\_\_\_ Serial #: \_\_\_\_\_

RP  DC  DCDA  PVB  SVB  RPDA  DCDA-II  RPDA-II

	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL RELIEF VALVE	AIR INLET VALVE
INITIAL TEST	HELD AT LEAKED <span style="float: right;">PSID <input type="checkbox"/></span>	HELD AT CLOSED TIGHT LEAKED <span style="float: right;">PSID <input type="checkbox"/></span>	OPENED AT DID NOT OPEN <span style="float: right;">PSID <input type="checkbox"/></span>	OPENED AT DID NOT OPEN <span style="float: right;">PSID <input type="checkbox"/></span>
RESULTS: PASSED <input type="checkbox"/> FAILED <input type="checkbox"/> THIS DEVICE MUST BE TESTED ON OR BEFORE:				
R E P A I R S	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
	REPLACED:	REPLACED:	REPLACED:	REPLACED:
	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
	SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	UPPER <input type="checkbox"/>	DIAPHRAGM <input type="checkbox"/>
	GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	LOWER <input type="checkbox"/>	FLOAT <input type="checkbox"/>
	PIN RETAINER <input type="checkbox"/>	PIN RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>
	HINGE PIN <input type="checkbox"/>	HINGE PIN <input type="checkbox"/>	DIAPHRAGM <input type="checkbox"/>	SEAT <input type="checkbox"/>
	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
	DIAPHRAGM <input type="checkbox"/>			
	OTHER <input type="checkbox"/>			
COMMENTS: _____				
FINAL TEST	HELD AT <span style="float: right;">PSID</span>	HELD AT CLOSED TIGHT <span style="float: right;">PSID <input type="checkbox"/></span>	OPENED AT <span style="float: right;">PSID</span>	OPENED AT <span style="float: right;">PSID</span>

THE ABOVE REPORT IS CERTIFIED TO BE TRUE.

FINAL RESULTS: PASSED  FAILED

TESTER'S SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_ TESTER NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

TESTER'S FIRM \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY STATE ZIP \_\_\_\_\_

**NOTES:** TESTER'S SIGNATURE AFFIXED TO THIS FORM CERTIFIES THE ABOVE DATA TO BE CORRECT. TO ENSURE YOUR FILE IS PROPERLY UPDATED, PLEASE USE THIS FORM ONLY FOR BARGERSVILLE WATER UTILITY.