



# Backflow Prevention Device Inspection and Maintenance Report Form

Owner of Property \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_ Examined by \_\_\_\_\_

\_\_\_\_\_  
(Town) (ST) (Zip) Certificate # \_\_\_\_\_

Contact Person \_\_\_\_\_ RPZ  DCVA  PVB

Device Address \_\_\_\_\_ Bronze  Iron  St. Steel

TAYLOR MI 48180-0000 Permit Number \_\_\_\_\_

\_\_\_\_\_  
(Town) (ST) (Zip) Make \_\_\_\_\_ Model No. \_\_\_\_\_

Exact Device Location \_\_\_\_\_ Size \_\_\_\_\_ Serial No. \_\_\_\_\_

	Reduced Pressure Backflow Preventer			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Check Valve	Air Inlet
	Check Valve No. 1	Check Valve No. 2			
Initial Test	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____PSID	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____PSID	Opened at _____PSID Did Not Open <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____PSID	Opened at _____PSID Did Not Open <input type="checkbox"/>
Repairs					
Final Test	Closed Tight <input type="checkbox"/> _____PSID	Closed Tight <input type="checkbox"/> _____PSID	Opened at <input type="checkbox"/> _____PSID	Closed Tight <input type="checkbox"/> _____PSID	Opened at _____PSID
Condition of No. 2 Shutoff Valve <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked					
Notes: <span style="float: right;">PASS <input type="checkbox"/> FAIL <input type="checkbox"/></span>					
Certification: On this date, the above device was tested per applicable codes and the required performance standards.					
Test Type		Gauge No.		Testing Firm	
Tester Name				Tester Certification No.	

Tester Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_