BACKFLOW PREVENTION DEVICE TEST AND MAINTENANCE REPORT
Public Works Department
1090 E. Union St./P.O. Box 3750 • San Luis, AZ 85349
www.cityofsanluis.org

City of San Luis

PLEASE USE A SEPARATE FORM FOR EACH DEVICE

FACILITY	☐ FIRST / INITIAL TEST
ASSEMBLY ADDRESS	☐ ANNUAL TEST
CONTACT NAME	ZIP

OWNER / CONTACT			
OWNER MAILING ADDRESS	CITY	STATE	ZIP
CONTACT NAME		PHONE	

MANUFACTURER	MODEL	SIZE	SERIAL #

IS THIS A NEW INSTALLATION? YES ☐ NO ☐ | DOES THIS ASSEMBLY REPLACE ANOTHER? YES ☐ NO ☐ | IF YES, OLD SERIAL #

ASSEMBLY LOCATION

SERVICE TYPE: DOMESTIC ☐ IRRIGATION ☐ FIRE ☐

			PRESSURE VACUUM BREAKER

TYPE OF PROTECTION: RP ☐ DC ☐ PVB ☐   PRIMARY ☐ SECONDARY ☐

AIR INLET
OPENED AT _____ PSID
DID NOT OPEN .... ☐

	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRV	
INITIAL TEST	1. LEAKED .... ☐ _____ PSID 2. CLOSED TIGHT .... ☐	1. LEAKED .... ☐ _____ PSID 2. CLOSED TIGHT .... ☐	OPENED AT _____ PSID DID NOT OPEN .... ☐	**CHECK VALVE** HELD AT _____ PSID LEAKED .... ☐ BACK PRESSURE YES ☐ NO ☐
REPAIRS – DOCUMENT REPAIR DETAILS HERE	CLEANED .... ☐ REPLACED .... ☐ _____ _____ _____ _____ _____	CLEANED .... ☐ REPLACED .... ☐ _____ _____ _____ _____ _____	CLEANED .... ☐ REPLACED .... ☐ _____ _____ _____ _____ _____ _____	CLEANED .... ☐ REPLACED .... ☐ _____ _____ _____ _____ _____ _____
FINAL TEST	_____ PSID CLOSED TIGHT .... ☐	_____ PSID CLOSED TIGHT .... ☐	OPENED AT _____ PSID	AIR INLET _____ PSID CHECK VALVE _____ PSID

THE ABOVE REPORT IS CERTIFIED TO BE TRUE

INITIAL TEST BY	CERTIFIED TESTER #	DATE	PASS ☐ FAIL ☐
REPAIRED BY		CERTIFIED TESTER #	DATE
FINAL TEST BY	CERTIFIED TESTER #	DATE	PASS ☐ FAIL ☐

COMMENTS _____
_____
_____
_____