

Installation and Maintenance Report for Backflow Prevention Device

Test No. **0001**

Date: _____

(FOR OFFICE USE ONLY)	
Property owner: _____	Name of business: _____
Address: _____	Address: _____
_____	Device location: _____
_____	Model: _____ Make: _____
_____	Size: _____ Serial no. _____
_____	Water meter no. _____
Device status: <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Repaired	

	Reduce pressure zone device			Double check valve	
	First check	Second check	Relief valve	First check	Second check
Initial test	RPZ_____Kpa Leaked <input type="checkbox"/>	Tight Yes <input type="checkbox"/> No <input type="checkbox"/>	Opened at _____Kpa	_____Kpa	_____Kpa
Materials and parts used					
Test after repair	RPZ_____Kpa	Tight Yes <input type="checkbox"/> No <input type="checkbox"/>	Opened at _____Kpa	_____Kpa	_____Kpa
Device	<input type="checkbox"/> Pass			<input type="checkbox"/> Fail	

Comments: _____

TEST KIT INFORMATION

Brand: _____ Serial no. _____ Recalibration date: _____

I certify that the above individual tests were checked by me and comply with the requirements of AS 3500.

Name: _____ Backflow no. _____ Signature: _____