



Upload to: Backflow BMP
<https://bmpcomp.com/backflow/>

Backflow Test and Maintenance Report

NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN FIFTEEN (15) DAYS.

Backflow BMP Account # _____

CUSTOMER: _____ BUSINESS NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

LOCATION OF ASSEMBLY: _____

WATER METER #: _____

LINE PRESSURE: _____

TYPE OF ASSEMBLY: RP DC PVB SIZE: _____

MANUFACTURER: _____ MODEL: _____ SERIAL NO: _____

RELIEF VALVE	CHECK VALVE #1	CHECK VALVE #2	PRESSURE VACUUM BREAKER
<input type="checkbox"/> CLEANED ONLY REPLACED: <input type="checkbox"/> RUBBER KIT <input type="checkbox"/> RV ASSEMBLY	<input type="checkbox"/> CLEANED ONLY REPLACED: <input type="checkbox"/> RUBBER KIT <input type="checkbox"/> CV ASSEMBLY	<input type="checkbox"/> CLEANED ONLY REPLACED: <input type="checkbox"/> RUBBER KIT <input type="checkbox"/> CV ASSEMBLY	<input type="checkbox"/> CLEANED ONLY REPLACED: <input type="checkbox"/> RUBBER KIT <input type="checkbox"/> CV ASSEMBLY
OPENED AT: _____ PSID BUFFER: _____ PSID <input type="checkbox"/> DID NOT OPEN	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFFERENTIAL PRESSURE ACROSS CHECK VALVE: _____ PSID	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFFERENTIAL PRESSURE ACROSS CHECK VALVE: _____ PSID	AIR INLET OPENED AT: _____ PSID <input type="checkbox"/> DID NOT OPEN <input type="checkbox"/> CHECK VALVE LEAKED HELD AT: _____ PSID
SHUT OFF VALVE #1 <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		SHUT OFF VALVE #2 <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	
<input type="checkbox"/> NEW TEST <input type="checkbox"/> RECERTIFICATION TEST		<input type="checkbox"/> DOMESTIC <input type="checkbox"/> FIRE <input type="checkbox"/> LAWN IRRIGATION	

I hereby certify that at the date and time of the indicated, this data is accurate and reflects proper operation and maintenance of the assembly per current industry standards. I also certify that the # 1 and # 2 shut off valves have been left in the fully opened position.

REMARKS/REPAIR NOTES: _____

REPAIRED BY: _____ CERT. TESTER #: _____ DATE: _____

REPAIR LICENSE TYPE: _____ REPAIR LICENSE #: _____

TEST BY: _____ CERT. TESTER #: _____ DATE: _____

TEST KIT: DIFFERENTIAL ELECTRONIC SERIAL #: _____

TIME OF DAY: _____ A.M. P.M. NAME OF TESTER (PRINT): _____

SIGNATURE OF TESTER: _____