



Water & Pollution Control Department
 Water Meter Division
 300 East Fifth Street
 Ames, Iowa 50010
 Phone 515-239-5151 ♦ Fax 515-239-5251

Backflow Prevention Device Test and Maintenance Form

Facility Information	Protection Information
Facility Name: _____ Address: _____ City: _____ ST: _____ Zip: _____ Phone: _____	Mfr/Mod/Size _____ SN: _____ Loc: _____

Test Information	
Test Date & Time: _____	Test Kit SN: _____

	Reduced Pressure Assembly			PVB / SVB	AVB
	Double Check Assembly		Relief Valve		
	Check Valve #1	Check Valve #2			
Initial Test	Held At (psid) _____	Held At (psid) _____ Held Back Pressure <input type="checkbox"/>	Opened At _____ Did Not Open <input type="checkbox"/>	Air Inlet Opened At _____ Did Not Open <input type="checkbox"/> Check Valve Held At _____ Leaked <input type="checkbox"/>	Air Inlet Closes when water flows Opens when no water flows <input type="checkbox"/> Height above outlets (in.) _____
Repair	Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/>	Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/>	Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/>	Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/>	Physical Condition: _____
Give Detail Here					
Final Test	Held At (psid) _____	Held At (psid) _____ Held Back Pressure <input type="checkbox"/>	Opened At _____ Buffer (CV#1-RV) _____	Air Inlet Opened At _____ Check Valve Held At _____	Air Gap Pass <input type="checkbox"/> Fail <input type="checkbox"/>

Comments

Test Result	
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Tester Information	
Tester Name: _____	Registration No: _____
Phone: _____	Signature: _____
I certify that all information on this test is true and correct	