



DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS
 INSPECTIONS & ENFORCEMENT DIVISION
 PLUMBING INSPECTION GROUP
 7125 Riverwood Dr., Suite D2
 COLUMBIA, MD 21046

TEST & MAINTENANCE REPORT
 BACKFLOW PREVENTION ASSEMBLIES

Name of Premise: _____

Street Address: _____

Location of Device: _____

Manufacturer: _____ Model: _____ Serial No: _____ Size: _____

RP DC PVB AVB AG

PRESSURE DROP ACROSS FIRST CHECK VALVE _____ PSI

	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve	Pressure Vacuum Breaker
INITIAL TEST	1. Leaked <input type="checkbox"/> 2. Closed Tight <input type="checkbox"/>	1. Leaked <input type="checkbox"/> 2. Closed Tight <input type="checkbox"/>	Opened At _____ lbs. Did Not Open <input type="checkbox"/>	Air Inlet Opened at _____ PSI Did Not Open <input type="checkbox"/>
REPAIRS	Cleaned <input type="checkbox"/> Replaced: Rubber Parts <input type="checkbox"/> C.V. Assembly <input type="checkbox"/> Or Disc <input type="checkbox"/> O-Rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Retainer <input type="checkbox"/> Lock Nuts <input type="checkbox"/> Other <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced: Rubber Parts Kit <input type="checkbox"/> C.V. Assembly <input type="checkbox"/> Or Disc <input type="checkbox"/> O-Rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Retainer <input type="checkbox"/> Lock Nuts <input type="checkbox"/> Other <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced: Rubber Parts Kit <input type="checkbox"/> R.V. Assembly <input type="checkbox"/> Or Disc <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> O-Rings <input type="checkbox"/> Other <input type="checkbox"/>	Check Valve: _____ PSI Leaked <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced: C.V. Assembly <input type="checkbox"/> Disc Air Inlet <input type="checkbox"/> Dis. C.V. <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> O-Ring <input type="checkbox"/> Other <input type="checkbox"/>
Final Test	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Open at _____ lbs. Reduced Pressure	Satisfactory <input type="checkbox"/>

Note: ALL REPAIRS/REPLACEMENT SHALL BE COMPLETED WITHIN TEN (10) DAYS.

Remarks: _____

I HEREBY CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE UNIT. CERTIFIED TESTING COMPANY _____

INITIAL TEST BY: _____ CERTIFIED TESTER NO. _____ DATE _____

REPAIRED BY: _____ DATE: _____

FINAL TEST BY: _____ CERTIFIED TESTER NO. _____ DATE _____

Distribution: White - DILP P/M Yellow - Technician Pink - Owner