



# BACKFLOW PREVENTION DEVICE TEST AND MAINTENANCE REPORT

Public Works Department  
 1090 E. Union St./P.O. Box 3750 • San Luis, AZ 85349  
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**City of San Luis**

PLEASE USE A SEPARATE FORM FOR EACH DEVICE

FACILITY			<input type="checkbox"/> FIRST / INITIAL TEST
ASSEMBLY ADDRESS			<input type="checkbox"/> 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 <input type="checkbox"/> NO <input type="checkbox"/>		DOES THIS ASSEMBLY REPLACE ANOTHER? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, OLD SERIAL #	
ASSEMBLY LOCATION			
SERVICE TYPE: DOMESTIC <input type="checkbox"/> IRRIGATION <input type="checkbox"/> FIRE <input type="checkbox"/>			<b>PRESSURE VACUUM BREAKER</b>
TYPE OF PROTECTION: RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/>		PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/>	AIR INLET OPENED AT _____ PSID DID NOT OPEN ..... <input type="checkbox"/>
INITIAL TEST	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRV
	1. LEAKED ..... <input type="checkbox"/> _____ PSID	1. LEAKED ..... <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID DID NOT OPEN ..... <input type="checkbox"/>
REPAIRS - DOCUMENT REPAIR DETAILS HERE	CLEANED ..... <input type="checkbox"/>	CLEANED ..... <input type="checkbox"/>	CLEANED ..... <input type="checkbox"/>
	REPLACED ..... <input type="checkbox"/>	REPLACED ..... <input type="checkbox"/>	REPLACED ..... <input type="checkbox"/>
FINAL TEST	_____ PSID	_____ PSID	OPENED AT _____ PSID
	CLOSED TIGHT ..... <input type="checkbox"/>	CLOSED TIGHT ..... <input type="checkbox"/>	CHECK VALVE _____ PSID
<b>THE ABOVE REPORT IS CERTIFIED TO BE TRUE</b>			
INITIAL TEST BY		CERTIFIED TESTER #	DATE
REPAIRED BY		CERTIFIED TESTER #	DATE
FINAL TEST BY		CERTIFIED TESTER #	DATE
PASS <input type="checkbox"/>		FAIL <input type="checkbox"/>	
PASS <input type="checkbox"/>		FAIL <input type="checkbox"/>	
COMMENTS			