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### Backflow Prevention Device Test & Maintenance Report

New Installation? <input type="checkbox"/> Yes <input type="checkbox"/> No					Device Location # _____		Meter# _____	
Location of Device Tested								
Facility Name _____				Location of Device (Briefly describe.) _____ _____				
Address _____								
_____								
Device Information								
Manufacturer	Type	Model #	Size	Serial #				
	<input type="checkbox"/> Double Check Valve <input type="checkbox"/> Reduced Pressure Zone							
<i>*Note spring on Check Valve #1 and Check Valve #2</i>								
	Check Valve #1	Check Valve #2	Reduced Pressure	Line Pressure _____ psi				
	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	Opened at _____ psid <input type="checkbox"/> Failed to Open	Time _____				
Static State _____ psid		Opened at _____ psid						Difference: _____

*I hereby certify that this data is accurate and reflects the proper operation and maintenance of the unit.*

I certify Proper Installation (Tester's Initials) \_\_\_\_\_

Certified Tester Signature: \_\_\_\_\_ Tester # \_\_\_\_\_ Date: \_\_\_\_\_

Certified Testing Company: \_\_\_\_\_ Tester Certification Expiration Date: \_\_\_\_\_

Equipment Calibration Date: \_\_\_\_\_