

DONALA

Water & Sanitation District, 15850 Holbein Dr, Colorado Springs, CO 80921 719-488-3603 Fax 719-488-3110

Backflow Prevention Device Test & Maintenance Report

Owner: _____

Service Address: _____

Mailing Address: _____

Contact Person: _____ Title: _____

Phone: _____ Email: _____

Assembly or Method Type: _____ Location on Property: _____

Make: _____ Model: _____ Serial No: _____ Size: _____

Line Pressure: _____ Install Date: _____ Last Inspection: _____

Installation Type: Domestic Fire Irrigation Isolation

Pressure Vacuum Breaker	
Air Inlet	Check Valve
Opened _____ PSID	First Test _____ PSID With Flow _____ PSID
Repairs or Comments:	

Reduced Pressure Zone		
First Check	Second Check	Relief Valve
Direction of Flow _____ PSID	Direction of Flow _____ PSID Held Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	_____ PSID
Repairs or Comments:		

Dual Check (Single Fam. Residential Only)	
Cleaned Checks _____	Replaced Checks _____
Comments:	

Double Check	
First Check	Second Check
Direction of Flow _____ PSID	Direction of Flow _____ PSID
Repairs or Comments:	

Passed

Failed

Test Date: _____

Certified Cross-Connection Control Technician: _____

Certification Expiration Date: _____ Cert. Tester #: _____

Certification Agency: _____

Certification Agency Address: _____

Certification Agency Phone: _____ Equip Calibration Date: _____

The Above is Certified to be True by (Signature): _____