



659 Industrial Park Avenue

Phone: (307) 532-2012 E-mail: backflow@torringtonwy.gov

BACKFLOW TEST AND MAINTENANCE REPORT

Date: _____

Time: _____

Device Type: _____

Assembly S/N: _____

Residential: _____
Commercial: _____

DC
RPZ
PVB/SVB

Make: _____
Model: _____
Size: _____

Facility Name: _____

Facility Address: _____

Service Address: _____

Facility City: Torrington Zip 82240

Facility Contact: _____ Facility Contact Ph: _____

Facility Email: _____

Equip Location: _____		Line Pressure: _____	
New	Existing	Replacement	Old S/N: _____
Service Type: Domestic		Fire Irrigation	
Proper Installation		Proper Orientation	

Initial Test	DC	RPZ	PVB/SVB
Passed Failed	Check Valve 1 _____ psi Leaked <input type="checkbox"/> Closed Tight	Check Valve 1 _____ psi Check Valve 2 Leaked <input type="checkbox"/> Closed Tight	Air Inlet Valve Opened at _____ psi Did not open <input type="checkbox"/> Opened fully Yes No
	Check Valve 2 _____ psi Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>	Relief Valve Did Not Open Opened _____ psi	Check Valve _____ psi Leaked <input type="checkbox"/>
	Shutoff Valve 1 Closed Tight <input type="checkbox"/>	Shutoff Valve 1 Closed Tight <input type="checkbox"/>	Shutoff Valve 1 Closed Tight <input type="checkbox"/>
	Shutoff Valve 2 Closed Tight <input type="checkbox"/>	Shutoff Valve 2 Closed Tight	Shutoff Valve 2 Closed Tight <input type="checkbox"/>

Cleaning, Repairs, Comments	Cleaned	Repaired
Comments: _____		

Final Test	DC	RPZ	PVB/SVB
Passed Failed	Check Valve 1 _____ psi Leaked	Check Valve 1 _____ psi Check Valve 2 Closed Tight <input type="checkbox"/>	Air Inlet Valve Opened at _____ psi Opened fully Yes No
	Check Valve 2 _____ psi Leaked	Relief Valve Opened _____ psi	Check Valve _____ psi
	Shutoff Valve 1 Closed Tight	Shutoff Valve 1 Closed Tight <input type="checkbox"/>	Shutoff Valve 1 Closed Tight <input type="checkbox"/>
	Shutoff Valve 2 Closed Tight	Shutoff Valve 2 Closed Tight	Shutoff Valve 2 Closed Tight <input type="checkbox"/>

Service Restored _____ Backpressure exists _____

Tester Information			
Company: _____		Tester Printed Name: _____	
Tester Cert #: _____	Expiration Date: _____	ABPA <input type="checkbox"/>	ASSE <input type="checkbox"/>
Test Kit		Last Cal Date: _____	
Make: _____	Model: _____	Serial #: _____	
The above is certified to be true at the time of testing:			
Tester Name Signature: _____			

Completed backflow test reports may be emailed to: backflow@torringtonwy.gov or delivered to the address above