

Location ID#



Assembly Serial #

Test Date / Time

Tester Certification #

Assembly Test Results  Pass  \*Fail

Under Suspension – Process Immediately

**Pueblo Water Backflow Assembly Test & Maintenance Report** (please print with **BLOCK LETTERING**)

<b>Account</b>	Facility Name: _____		Meter #: _____			
	Facility Address: _____		City: _____			
	Contact Person: _____		Phone: _____			
<b>Assembly</b>	Make: _____ Model: _____		<b>Type of Use</b>			
	Type: <input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB		<input type="checkbox"/> Domestic <input type="checkbox"/> Containment			
	Size: _____ Date Installed: _____		<input type="checkbox"/> Fire <input type="checkbox"/> Glycol <input type="checkbox"/> Isolation			
New <input type="checkbox"/> Existing <input type="checkbox"/>		<input type="checkbox"/> Irrigation		<b>Orientation</b>		
Previous Assembly #: _____		<input type="checkbox"/> Process		Inlet _____ Outlet _____		
Location: _____		<input type="checkbox"/> Reclaimed		Approved: Y <input type="checkbox"/> N <input type="checkbox"/>		
<b>Testing &amp; Maintenance</b>	Line		Initial Test Results		Re-Test Results	
	PSI: _____ psi		Tightness		Tightness	
			Differential		Differential	
	Check Valve #1 (RP, DC, PVB)		<input type="checkbox"/> Leak <input type="checkbox"/> Tight		<input type="checkbox"/> Leak <input type="checkbox"/> Tight	
	Check Valve #2 (RP, DC)		<input type="checkbox"/> Leak <input type="checkbox"/> Tight		<input type="checkbox"/> Leak <input type="checkbox"/> Tight	
	Relief Valve (RP)					
	Buffer (RP)					
	Air Inlet (PVB)					
	Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced			Shutoff Valve #2: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced		
	Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No		Test Procedure: ABPA: _____ ASSE: _____			
Comments: _____						
<b>Notification</b>	Alarm Company/Fire Department: _____					
	Person Notified: _____		Contacted By: _____			
	Turn Off Date/Time: _____		Turn On Date/Time: _____			
<b>Test Kit</b>	Test Kit Make: _____		Model: _____			
	Serial #: _____		Last Calibration Date: _____			
<b>Tester</b>	<i>Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.</i>					
	Testing Company: _____					
	Tester Name: _____		Phone: _____			
Signature: _____		Certificate Expiration Date: _____				

**\*FAILED test results must be reported to Pueblo Water within 24 hours of failure at 719-584-0243.**

Testing Company: Submit via e-mail to [Backflow@pueblowater.org](mailto:Backflow@pueblowater.org)