

Assembly Serial #
Test Date / Time
Tester Certification #
Assembly Test Results Pass *Fail
Under Suspension - Process Immediately

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

Account	Facility Name: _____ Meter #: _____																			
	Facility Address: _____ City: _____																			
	Contact Person: _____ Phone: _____																			
Assembly	Make: _____ Model: _____	<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Type of Use</td> <td style="width: 33%;">Protection</td> <td style="width: 33%;">Orientation</td> </tr> <tr> <td>Domestic</td> <td>Containment</td> <td>Inlet Outlet</td> </tr> <tr> <td>Fire Glycol</td> <td>Containment by Isolation</td> <td>Horizontal</td> </tr> <tr> <td>Irrigation</td> <td>Isolation</td> <td>Vertical Up</td> </tr> <tr> <td>Recycled</td> <td></td> <td>Vertical Down</td> </tr> <tr> <td colspan="3" style="text-align: right;">Approved: Y N</td> </tr> </table>	Type of Use	Protection	Orientation	Domestic	Containment	Inlet Outlet	Fire Glycol	Containment by Isolation	Horizontal	Irrigation	Isolation	Vertical Up	Recycled		Vertical Down	Approved: Y N		
	Type of Use		Protection	Orientation																
	Domestic		Containment	Inlet Outlet																
	Fire Glycol		Containment by Isolation	Horizontal																
	Irrigation		Isolation	Vertical Up																
Recycled		Vertical Down																		
Approved: Y N																				
Type: RP DC PVB																				
Size: _____ Date Installed: _____																				
New Existing																				
Previous Assembly #: _____																				
Location: _____																				
Testing & Maintenance	Line PSI: _____ psi	Initial Test Results	Repairs		Re-Test Results															
		Tightness Differential																		
	Check Valve #1 (RP, DC, PVB)	Leak Tight			Leak Tight															
	Check Valve #2 (RP, DC)	Leak Tight			Leak Tight															
	Relief Valve (RP)																			
	Buffer (RP)																			
	Air Inlet (PVB)																			
	Shutoff Valve #1: Tight Leaking Replaced	Shutoff Valve #2: Tight Leaking Replaced																		
	Backpressure: Yes No	Test Procedure: ABPA: ASSE:																		
	Comments: _____																			
Notification	Alarm Company/Fire Department: _____																			
	Person Notified: _____		Contacted By: _____																	
	Turn Off Date/Time: _____		Turn On Date/Time: _____																	
Test Kit	Test Kit Make: _____		Model: _____																	
	Serial #: _____		Last Calibration Date: _____																	
Tester	<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: _____																		

Testing Company: Submit by e-mail (preferred) to CrossConnectionControl@pwsd.org, type ""Service Address" in the subject line. ***FAILED** test results **must** be reported to Parker Water within 24 hours of failure at 720-842-4273.