Send completed form to:
Consolidated Mutual Water
12700 West 27th Ave.
Lakewood, Colorado 80215
Phone №: (303) 238-0451
Fax №: (303) 237-5560

Company Information

_____
_____
_____

Device Serial № _____
Test Date/Time _____
Tester Certification _____
Device Test Result □ Pass □ Fail

Backflow Prevention Device Test & Maintenance Report

Keep Records for 3 Years: *(Please Print)* All Fields Must Be Completed

Account

Owners Name: _____ Owners Phone: _____
Owners Address: _____ City: _____ ST: _____ Zip: _____
Service Name: _____ Phone: _____
Address: _____ City: _____ ST: _____ Zip: _____

Device

Make: _____ Model: _____ Size: _____
Type: □ RPZ □ DC □ PVB □ AVB □ Air Gap
Date Installed: _____ Location on property: _____

□ New
□ Existing
Previous Device Serial №_____

Orientation
□ Vertical Up
□ Vertical Down
□ Horizontal

Use
□ Domestic
□ Fire
□ Irrigation

Protection
□ Containment
□ Isolation

Testing & Maintenance

	Initial Test Results		Repairs/Comments	Re-Test Results	
	Tightness	Differential		Tightness	Differential
Check Valve #1 (RPZ, DC, PVB)	□ Leak □ Tight			□ Leak □ Tight	
Check Valve #2 (RPZ, DC)	□ Leak □ Tight			□ Leak □ Tight	
Relief Valve (RPZ)					
Buffer (RPZ)					
Air Inlet (PVB)					
Shutoff Valve #1	□ Leak	□ Tight			
Shutoff Valve #2	□ Leak	□ Tight			

Comments: _____
_____
_____ Test Procedure: _____

Notification

Alarm Company/Fire Department Notified: _____
Person Notified: _____ Notified By: _____
Turn Off Date/Time: _____ Turn On Date/Time: _____

Test Kit

Test Kit Make: _____ Model _____
Serial №: _____ Last Calibration Date: _____

Tester

Tester Name: _____ Certificate Expiration Date: _____
Tester certifies that this assembly has been tested with the above listed procedure and verifies that isolation valves were returned to pre-test orientation.
Signature: _____ Phone: _____