

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



**Parker 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: _____		<table border="0"> <tr> <td><b>Type of Use</b></td> <td><b>Protection</b></td> <td><b>Orientation</b></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>	<b>Type of Use</b>	<b>Protection</b>	<b>Orientation</b>	Domestic	Containment	Inlet      Outlet	Fire Glycol	Containment by Isolation	Horizontal	Irrigation	Isolation	Vertical Up	Recycled		Vertical Down	Approved: Y      N		
	<b>Type of Use</b>	<b>Protection</b>	<b>Orientation</b>																			
	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: _____																						
<b>Testing &amp; Maintenance</b>	Line	Initial Test Results		Repairs	Re-Test Results																	
	PSI:      psi	Tightness	Differential		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: Tenth Edition	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: _____																			

**Testing Company:** Submit by e-mail (preferred) to [CrossConnectionControl@pwsd.org](mailto: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.