TIFTON Georgia
The Friendly City

Backflow Prevention Device Inspection and Maintenance Report Form

Owner of Property _____ **Return Form By:** _____

Mailing Address _____ Test Date _____

_____
(Town) (ST) (Zip)

Contact Person _____ ☐ RPBP ☐ DCV ☐ PVB

Device Address _____ ☐ RPDA ☐ DDCV ☐ SVB

_____
(Town) (ST) (Zip)

Permit Number _____

Exact Location _____ Make _____ Model No. _____

_____ Size _____ Serial No. _____

Line PSI _____	Reduced Pressure Backflow Preventer			Pressure Vacuum Breaker	
	Double Check Valve Assembly				
	Check Valve No. 1	Check Valve No. 2	Relief Valve	Check Valve	Air Inlet
Initial Test **PASS** ☐ **FAIL** ☐	Closed Tight ☐ Leaked ☐ _____PSID	Closed Tight ☐ Leaked ☐ _____PSID	Opened at _____PSID Did Not Open ☐	Closed Tight ☐ Leaked ☐ _____PSID	Opened at _____PSID Did Not Open ☐
Repairs					
Final Test **PASS** ☐	Closed Tight ☐ _____PSID	Closed Tight ☐ _____PSID	Opened at ☐ _____PSID	Closed Tight ☐ _____PSID	Opened at _____PSID

Condition of No. 2 Shutoff Valve ☐ Closed Tight ☐ Leaked

Notes:

Certification: On this date, the above device was tested per applicable codes and the required performance standards.

Test Type		Gauge No.		Testing Firm	
Tester Name				Tester Certification No.	

Tester Signature: _____ Date: _____

Contact Signature: _____ Date: _____