



City of Carencro
 P.O. Drawer 10 • Carencro, LA 70520
 Phone (337) 896-8481 • Fax (337) 886-7546

Backflow Prevention Device Inspection and Maintenance Report Form

Owner of Property _____
 Mailing Address _____

 Contact Person _____
 Device Address _____

 Exact Location _____

Date _____
 Examined by _____
 Calibration Date _____
 Type of Preventer _____
 Make _____ Model No. _____
 Size _____ Serial No. _____

Reduced Pressure Assembly	Double Check Valve Assembly	Pressure Vacuum Breaker Assembly
(Step 1) CV 1 Initial Test Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>	(Step 1) Gauge Pressure Across CV 1 Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Gauge Pressure <input type="text"/> psi	(Step 1) Air Inlet Opening Point Opened at <input type="text"/> psi Did not open <input type="checkbox"/>
(Step 2) CV Relief Valve Opening Point Opened at <input type="text"/> Psi Did not open <input type="checkbox"/>	(Step 2) Gauge Pressure Across CV 2 Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Gauge Pressure <input type="text"/> psi	(Step 2) Gauge Pressure Across CV CV Held at: <input type="text"/> psi Check Valve Leaked <input type="checkbox"/>
(Step 3) CV # 2 Initial Test Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>	Required Maintenance or Repairs: (Check all that apply)	
	<input type="checkbox"/> Disassembled and Cleaned Assembly <input type="checkbox"/> <u>Replaced:</u> <input type="checkbox"/> Complete Rubber Kit <input type="checkbox"/> CV 1 Assembly <input type="checkbox"/> CV 2 Assembly <input type="checkbox"/> CV 1 Poppett <input type="checkbox"/> CV 2 Poppett <input type="checkbox"/> CV 1 Disc Seat Washer <input type="checkbox"/> CV 2 Disc Seat Washer <input type="checkbox"/> CV 1 Spring <input type="checkbox"/> CV 2 Spring <input type="checkbox"/> CV 1 Seat <input type="checkbox"/> CV 2 Seat	
(Step 4) Gauge Pressure Across CV 1 <input type="text"/> psi RV Opening Point <input type="checkbox"/> Buffer ⁴ between CV 1 & RV Opening Point <input type="checkbox"/>		<input type="checkbox"/> Check Valve Seat Retainer <input type="checkbox"/> Relief Valve Assembly <input type="checkbox"/> Relief Valve Diaphragm <input type="checkbox"/> Relief Valve Spring <input type="checkbox"/> Relief Valve Seat <input type="checkbox"/> Relief Valve Seat Washer <input type="checkbox"/> Relief Valve Seat Retainer <input type="checkbox"/> O-Ring <input type="checkbox"/> Stem / Guide <input type="checkbox"/> Other
(Step 5) Check Outlet SOV Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>		
(Step 6) Gauge Pressure Across CV 2 <input type="text"/> psi		
<p align="center">Note: All repairs shall be completed within ten (10) working days of a failed test. The Assembly MUST be Re-Tested following maintenance or repairs.</p>		

Check One:

Assembly Passed and requires no maintenance or repairs. The NEXT scheduled test is 1 - Year from this date.

Assembly Failed Initial Test. Test Results reflect the functionality of the assembly after maintenance after repairs.

Remarks: _____

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: _____