

# STRATMOOR HILLS WATER DISTRICT

## BACKFLOW PREVENTION DEVICE TEST AND MAINTAINENCE RECORD

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TIME: \_\_\_\_\_ PERMIT NO: \_\_\_\_\_

COMPANY: \_\_\_\_\_ CONTACT (FIRST AND LAST NAME): \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

MAIL ADDRESS: (STREET AND SUITE NO. OR PO BOX) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**The cross connection control device detailed herein has been tested and maintained as required by the regulations of the Stratmoor Hills Water District, and is certified to comply with these regulations.**

DEVICE ADDRESS: _____		LOCATION: _____	
DEVICE MANUFACTURE: _____		DEVICE MODEL: _____	
SERIAL NUMBER: _____			
INITIAL TEST		LINE PRESSURE: _____	
REDUCED PRESSURE ASSEMBLY		PRESSURE VACUUM BREAKER	
DOUBLE CHECK ASSEMBLY		RELIEF VALVE	AIR INLET
FIRST CHECK	SECOND CHECK		
CLOSED TIGHT <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/>	OPENED AT PSID _____	OPENED AT PSID _____
R/P _____ PSID <input type="checkbox"/>	R/P _____ PSID <input type="checkbox"/>		
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>		
= REPAIRS MADE = _____ _____ _____			
TEST AFTER REPAIRS			
REDUCED PRESSURE ASSEMBLY		PRESSURE VACUUM BREAKER	
DOUBLE CHECK ASSEMBLY		OPENED AT PSID _____	OPENED AT PSID _____
D/C CLOSED TIGHT	CLOSED TIGHT <input type="checkbox"/>		
R/P PSID _____			

The above is certified to be true by: \_\_\_\_\_

COMPANY: \_\_\_\_\_ CERTIFIED TESTER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ NAME: (PLEASE PRINT) \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

TYPE OF TEST GAUGE: \_\_\_\_\_

LAST CALIBRATION DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

COPIES TO:

WHITE: WATER DEPARTMENT

YELLOW: TESTER

PINK: CUSTOMER