



BACKFLOW PREVENTION ASSEMBLY TEST & MAINTENANCE REPORT

Tucson Water must receive a correct Backflow Prevention Assembly Test Report by the compliance due date.
 Failure to comply with all requirements will result in assessment of compliance fees and discontinuance of water service.
 Responsibility for the Backflow Prevention Assembly test is that of the water service's financially responsible party.

Customer: _____

Phone No.: _____

Service Address: _____

Water Meter No.: _____

BPA Mfg.: _____

BPA Model: _____

BPA Sz.: _____

BPA Serial No.: _____

Name of person authorizing BPA test: _____

Phone No.: _____

F I R S T T E S T	DC/RP Check Valve #1 Held @ _____psid Leaked _____	DC/RP Check Valve #2 Held @ _____psid Leaked _____ Closed Tight _____	RP Relief Valve Opened @ _____psid Leaked _____ Did Not Open _____	PVB / SVB Air Inlet Opened @ _____psid Did Not Open _____ Check Valve Held @ _____psid Leaked _____	AIR GAP Size of Pipe Opening _____ Distance above Flood Rim _____
	Tester Comments				
	BPA Replacement Information	Permit#	BPA Serial #	BPA Make	BPA Model

X _____
 Tester's Signature _____ Tester ID# _____ Test Date _____ Equip ID# _____

R E P A I R S	DC/RP Check Valve #1	DC/RP Check Valve #2	Relief Valve	PVB / SVB
	Cleaned _____ Replaced _____	Cleaned _____ Replaced _____	Cleaned _____ Replaced _____	Cleaned _____ Replaced _____
	____ Disc _____	____ Disc _____	____ Disc _____	____ Disc _____
	____ Spring _____	____ Spring _____	____ Spring _____	____ Spring _____
	____ Guide _____	____ Guide _____	____ Guide _____	____ Guide _____
	____ Seat _____	____ Seat _____	____ Seat _____	____ Seat _____
	____ Module _____	____ Module _____	____ Module _____	____ Module _____
____ O Ring _____	____ O Ring _____	____ O Ring _____	____ O Ring _____	
			____ Diaphragm _____	____ Diaphragm _____

X _____
 Repairer's Signature _____ Repair Date _____

R E T E S T	DC/RP Check Valve #1 Held @ _____psid	DC/RP Check Valve #2 Held @ _____psid Closed Tight _____	Relief Valve Opened @ _____psid	PVB / SVB Air Inlet Opened @ _____psid Check Valve Held @ _____psid
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X _____
 Tester's Signature _____ Tester ID# _____ Test Date _____ Equip ID# _____

**Test reports must be entered online into the iBAK System within five days of the test, and before the due date.
 Remember to give the customer a copy of this test report.**