

**TOWN OF WARRENTON  
BACKFLOW PREVENTOR TEST  
AND MAINTENANCE REPORT**



CUSTOMER: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 LOCATION OF ASSEMBLY: \_\_\_\_\_  
 TYPE OF ASSEMBLY: \_\_\_ RPZ \_\_\_ DC \_\_\_ DDC \_\_\_ SIZE LINE PRESSURE \_\_\_ PSI  
 MANUFACTURER: \_\_\_\_\_ MODEL # \_\_\_\_\_

INITIAL TEST	CHECK VALVE #1	CHECK VALVE #2	DIF. PRESSURE RELIEF VAL.
	___ LEAKED	___ LEAKED	OPENED AT: _____ PSI
	___ CLOSED TIGHT	___ CLOSED TIGHT	
	DIF. PRES. ACROSS	DIF. PRES. ACROSS	DID NOT OPEN
	___ CHECK VALVE	___ PSI	CHECK VALVE ___ PSI
REPAIRS	___ CLEANED ONLY	___ CLEANED ONLY	___ CLEANED ONLY
	___ REPLACED	___ REPLACED	___ REPLACED
	___ RUBBER KIT	___ RUBBER KIT	___ RUBBER KIT
	___ RV ASSEMBLY	RV ASSEMBLY	___ RV ASSEMBLY
FINAL TEST	CLOSED TIGHT PSI: _____	CLOSED TIGHT PSI: _____	CLOSED TIGHT PSI: _____

I HEREBY CERTIFY THAT AT THE DATE AND TIME OF THE TESTS INDICATED, THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE ASSEMBLY PER CURRENT INDUSTRY STANDARDS. I ALSO CERTIFY THAT THE #1 AND #2 SHUTOFF VALVES HAVE BEEN LEFT IN THE FULLY OPENED POSITION.

*NOTE: FOR TANDEM BACKFLOW PREVENTERS, THE VALVES FOR BOTH DEVICES ARE TO BE IN THE OPEN POSITION AT ALL TIMES, EXCEPT WHEN TESTING ONE DEVICE AT A TIME. OTHERWISE, THE GASKETS WILL DRY OUT ON A DEVICE THAT IS LEFT OFF.*

INITIAL TEST BY: _____	CERTIFIED TESTER# _____	DATE OF TEST: _____
REPAIRED BY: _____	CERTIFIED TESTER# _____	DATE OF TEST: _____
FINAL TEST BY: _____	CERTIFIED TESTER# _____	DATE OF TEST: _____

\_\_\_ DOMESTIC      \_\_\_ COMMERCIAL      \_\_\_ FIRE      \_\_\_ LAWN IRRIGATION

SIGNATURE OF TESTER: \_\_\_\_\_

EMAIL REPORT TO: [RGRIGSBY@WARRENTONVA.GOV](mailto:RGRIGSBY@WARRENTONVA.GOV)  
 OR MAIL REPORT TO: TOWN OF WARRENTON  
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 360 FALMOUTH ST.  
 WARRENTON, VA 20186