## CITY OF NORTH LAS VEGAS
### BACKFLOW PREVENTION DEVICE TEST AND MAINTENANCE REPORT

**NAME:**

**ACCOUNT NUMBER:**

**SERVICE ADDRESS:**

**CONTACT PERSON:**

**LOCATION:**

**DEVICE**

**TYPE OF DEVICE:**

**MANUFACTURER:**

**MODEL:**

**SIZE:**

**SERIAL NUMBER:**

**METER NUMBER:**

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### REDUCED PRESSURE PRINCIPLE ASSEMBLY

#### DOUBLE CHECK VALVE ASSEMBLY

<table>
<thead>
<tr>
<th>CHECK VALVE #1</th>
<th>CHECK VALVE #2</th>
<th>RELIEF VALVE</th>
<th>PVB/SVB</th>
</tr>
</thead>
<tbody>
<tr>
<td>INITIAL</td>
<td>Held at:</td>
<td>PSID</td>
<td>Held at:</td>
</tr>
<tr>
<td>TEST</td>
<td>Leaked</td>
<td></td>
<td>Closed tight</td>
</tr>
<tr>
<td>REPAIRS:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GIVE DETAILS OF REPAIRS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FINAL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TEST</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Details of Repairs:

- **CHECK VALVE**
  - Held at: PSID
- **GIVE DETAILS OF REPAIRS**
  - Leaked
  - Cleaned
  - Replaced

### Comments:

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### Initial Test

- **Date:**
- **Time:**
- **Certified Tester No.:**
- **Passed:**
- **Failed:**

**Test By (Signature):**

**Print Name:**

### Repair

- **Date:**
- **Time:**
- **Certified Tester No.:**

**Test By (Signature):**

**Print Name:**

### Final Test

- **Date:**
- **Time:**
- **Certified Tester No.:**
- **Passed:**
- **Failed:**

**Test By (Signature):**

**Print Name:**

Acknowledged: __________________________