

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

NAME: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_  
 SERVICE ADDRESS: \_\_\_\_\_  
 CONTACT PERSON: \_\_\_\_\_

DEVICE

LOCATION: \_\_\_\_\_  
 TYPE OF DEVICE: \_\_\_\_\_ MANUFACTURER: \_\_\_\_\_  
 MODEL: \_\_\_\_\_ SIZE: \_\_\_\_\_ SERIAL NUMBER: \_\_\_\_\_  
 METER NUMBER: \_\_\_\_\_

|  |
|--|
| <b>REDUCED PRESSURE PRINCIPLE ASSEMBLY</b> |
| <b>DOUBLE CHECK VALVE ASSEMBLY</b>         |

RP   
 DC   
 PVB   
 SVB   
 DCDA   
 RPDA

LINE PSI \_\_\_\_\_

|                                | CHECK VALVE #1  | CHECK VALVE #2   | RELIEF VALVE  | PVB/SVB   |
|--------------------------------|---|--|---|---|
| <b>INITIAL TEST</b>            | Held at: _____ PSID<br>Leaked <input type="checkbox"/>                | Held at: _____ PSID<br>DF PSID _____<br>Closed tight <input type="checkbox"/><br>Leaked <input type="checkbox"/> | Opened at: _____ PSID<br>Did not open                                 | AIR INLET _____ Opened at _____ PSID<br>Did not open                  |
| <b>REPAIRS:</b>                | <input type="checkbox"/> Cleaned<br><input type="checkbox"/> Replaced | <input type="checkbox"/> Cleaned<br><input type="checkbox"/> Replaced  | <input type="checkbox"/> Cleaned<br><input type="checkbox"/> Replaced | CHECK VALVE<br>Held at: _____ PSID<br>Leaked <input type="checkbox"/> |
| <b>GIVE DETAILS OF REPAIRS</b> |   |  |   | <input type="checkbox"/> Cleaned<br><input type="checkbox"/> Replaced |
| <b>FINAL TEST</b>              | _____ PSID  | _____ PSID<br>Closed tight <input type="checkbox"/>  | Opened at: _____ PSID   | Air Inlet _____ PSID<br>Ck Valve _____ PSID                           |

Comments: \_\_\_\_\_

|                     |                            |            |                            |                                 |                                 |
|---------------------|----------------------------|------------|----------------------------|---------------------------------|---------------------------------|
| <b>Initial Test</b> | Date _____                 | Time _____ | Certified Tester No. _____ | Passed <input type="checkbox"/> | Failed <input type="checkbox"/> |
|                     | Test By (Signature): _____ |            | Print Name: _____          |                                 |                                 |
| <b>Repair</b>       | Date _____                 | Time _____ | Certified Tester No. _____ |                                 |                                 |
|                     | Test By (Signature): _____ |            | Print Name: _____          |                                 |                                 |
| <b>Final Test</b>   | Date _____                 | Time _____ | Certified Tester No. _____ | Passed <input type="checkbox"/> | Failed <input type="checkbox"/> |
|                     | Test By (Signature): _____ |            | Print Name: _____          |                                 |                                 |

Acknowledged: \_\_\_\_\_