



COMPLIANCE DEPARTMENT
 1220 SWEETWATER ROAD
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APN # _____
 Account # _____

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

New Installation: Annual Test:

Account Name: _____ Mail to: _____
 Service Address: _____
 Location of Device: _____

Type of Service: Domestic: Fire: Irrig: Mechanical: Other: _____
 Type of Device: DC: RP: RPDA: DCDA: PVB: SVB:

MANUFACTURER	MODEL	SIZE	SERIAL NUMBER
Reduced Pressure Principle Assembly (RP)			
Double Check Valve Assembly			
INITIAL TEST	Check Valve 1	Check Valve 2	Relief Valve
Apparent Reading	_____ PSID Leaked <input type="checkbox"/>	_____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ PSID Did Not Open <input type="checkbox"/>
REPAIRS	Cleaned <input type="checkbox"/> Replaced: Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced: Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other <input type="checkbox"/>	Cleaned <input type="checkbox"/> Cleaned Sensing Line <input type="checkbox"/> Replaced: Disc: Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm: Large: Upper <input type="checkbox"/> Lower <input type="checkbox"/> Small <input type="checkbox"/> Seat: Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spacer: Lower <input type="checkbox"/> Other <input type="checkbox"/>
FINAL TEST	_____ PSID Leaked <input type="checkbox"/>	_____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ PSID
Apparent Reading	_____ PSID Leaked <input type="checkbox"/>	_____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ PSID
Comments: _____			
Initial Test By: _____ Company: _____ Test Date: _____			
Pass: <input type="checkbox"/> Fail: <input type="checkbox"/> AWWA Tester #: _____ Gauge #: _____			
Final Test by: _____ Company: _____ Test Date: _____			
Pass: <input type="checkbox"/> Fail: <input type="checkbox"/> AWWA Tester #: _____ Gauge #: _____			