

Assembly Serial # _____
Test Date / Time _____
Tester Certification # _____
Assembly Test Results **Pass** ***Fail**
 Under Suspension - Process Immediately

Denver Water Backflow Assembly Test & Maintenance Report (please print with **BLOCK LETTERING**)

Account	Water Supplier: <u>Denver Water</u> District: _____ Meter #: _____ Facility Address: _____ City: _____ ST: _____ Zip: _____ Contact Person: _____ Phone: _____				
Assembly	Make: _____ Model: _____ Type: <input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap Size: _____ Date Installed: _____ <input type="checkbox"/> New <input type="checkbox"/> Existing Previous Assembly #: _____ Location: _____		Type of Use <input type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Glycol <input type="checkbox"/> Irrigation <input type="checkbox"/> Recycled		Protection <input type="checkbox"/> Containment <input type="checkbox"/> Containment by Isolation <input type="checkbox"/> Isolation
				Orientation Inlet _____ Outlet _____ <input type="checkbox"/> Horizontal <input type="checkbox"/> <input type="checkbox"/> Vertical Up <input type="checkbox"/> <input type="checkbox"/> Vertical Down <input type="checkbox"/> Approved: Y <input type="checkbox"/> N <input type="checkbox"/>	
Testing & Maintenance	Line PSI: Check Valve #1 (RP, DC, PVB) Check Valve #2 (RP, DC) Relief Valve (RP) Buffer (RP) Air Inlet (PVB)	Initial Test Results Tightness Differential <input type="checkbox"/> Leak <input type="checkbox"/> Tight <input type="checkbox"/> Leak <input type="checkbox"/> Tight	Repairs		Re-Test Results Tightness Differential <input type="checkbox"/> Leak <input type="checkbox"/> Tight <input type="checkbox"/> Leak <input type="checkbox"/> Tight
Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced Shutoff Valve #2: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No Test Procedure: <input type="checkbox"/> ABPA: _____ <input type="checkbox"/> ASSE: _____ Comments: _____ _____ _____					
Notification	Alarm Company/Fire Department: _____ DFS Certification #: _____ Person Notified: _____ Contacted By: _____ Turn Off Date/Time: _____ Turn On Date/Time: _____				
Test Kit	Test Kit Make: _____ Model: _____ Serial #: _____ Last Calibration Date: _____				
Tester	<i>Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.</i> Testing Company: _____ Tester Name: _____ Phone: _____ Signature: _____ Certificate Expiration Date: _____				

Testing Company: Submit by e-mail (preferred) to CrossConnectionControl@denverwater.org,
 type "Backflow Test Reports" in the subject line OR submit by Fax to (303) 794-8325.

*** FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5969.**