



City of Woodland Park Utilities

P.O. Box 9007, 220 W. South Ave.
 Woodland Park, CO 80866
 Direct: 719-687-5208
 Fax: 719-687-5232
 Email: ksimpkins@city-woodlandpark.org

Assembly Serial # _____
Test Date / Time: _____
Tester Certification # _____
Assembly Test Results: <input type="checkbox"/> Pass <input type="checkbox"/> *Fail
<input type="checkbox"/> Under Suspension - Process Immediately

Backflow Assembly Test & Maintenance Report

Facility Name: _____
 Meter #: _____
 Facility Address: _____
 City: _____
 Contact Person: _____
 Phone: _____

Make: _____ Model: _____	<u>Type of Use</u> <input type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Glycol <input type="checkbox"/> Irrigation <input type="checkbox"/> Recycled <input type="checkbox"/> Process or Boiler	<u>Protection</u> <input type="checkbox"/> Containment <input type="checkbox"/> Containment by Isolation <input type="checkbox"/> Isolation	<u>Orientation</u> <u>Inlet</u> <u>Outlet</u>	
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: _____			<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 N	

Line PSI: _____	Initial Test Results		Repairs	Re-Test Results	
	Tightness	Differential		Tightness	Differential
Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input type="checkbox"/> Tight			<input type="checkbox"/> Leak <input type="checkbox"/> Tight	
Check Valve #2 (RP, DC, PVB)	<input type="checkbox"/> Leak <input type="checkbox"/> Tight			<input type="checkbox"/> Leak <input type="checkbox"/> Tight	
Relief Valve (RP)					
Buffer (RP)					
Air Inlet (PVB)					

Shutoff Valve #1: Tight Leaking Replaced Shutoff Valve #2: Tight Leaking Replaced
 Backpressure: Yes No Test Procedure: ABPA ASSE

Comments: _____

Alarm Company/Fire Department: _____
 Person Notified: _____ Contacted By: _____
 Turn Off Date/Time: _____ Turn On Date/Time: _____

Test Kit Make: _____ Model & Serial #: _____ Last Calibration Date: _____

Testing Company: _____
 Tester Name: _____ Certificate Expiration Date: _____
 Signature: _____ Phone: _____