



Assembly Serial #	_____
Test Date / Time	_____
Tester Certification #	_____
Property Address	_____
Assembly Test Results	<input type="checkbox"/> Pass <input type="checkbox"/> *Fail

**Bayfield Backflow Assembly Test & Maintenance Report** \_\_\_\_\_ (please print with **BLOCK LETTERING**)r

Water Supplier: <u>Town of Bayfield</u>	District: _____	Meter #: _____
Facility Name: _____	Phone: _____	
Address: _____	City: _____	ST: _____ Zip: _____

Make: _____	Model: _____	Size: _____	Date Installed: _____
Type: <u>RP</u>	<u>DC</u>	<u>PVB</u>	<u>AVB</u> <u>Air Gap</u>
Location on property: _____	<u>Orientation</u>		<u>Inlet</u> <u>Outlet</u>
<u>New</u>	<u>Use</u>	<u>Protection</u>	<u>Vertical Up</u>
<u>Existing</u>	<u>Domestic</u>	<u>Containment</u>	<u>Horizontal</u>
<u>Replacement</u>	<u>Fire Glycol</u>	<u>Containment by Isolation</u>	<u>Vertical Down</u>
Previous Assembly Serial # _____	<u>Irrigation Recycle</u>	<u>Isolation</u>	<u>Approved: Y N</u>
	<u>Process</u>		

	Initial Test Results		Repairs/Comments	Re-Test Results	
	Tightness	Differential		Tightness	Differential
Check Valve #1 (RP, DC, PVB)	? Leak Tight			? Leak Tight	
Check Valve #2 (RP, DC)	Leak Tight			Leak Tight	
Relief Valve (RP)					
Buffer (RP)					
Air Inlet (PVB)					
Backpressure	Yes No				
Shutoff Valve #1	Leak Tight				
Shutoff Valve #2	Leak Tight				

\***FAILED** test results "must" be reported to Town of Bayfield within 24 hours of failure at 970-884-9544.

Test Procedure: ABPA \_\_\_\_\_ ASSE \_\_\_\_\_

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

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

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

Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pretest orientation.

Testing Company: \_\_\_\_\_

Tester Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Certificate Expiration Date: \_\_\_\_\_

**Testing Company: Please submit by E-mail (kcahcart@bayfieldgov.org) and type "Backflow Test Reports" in the subject line OR submit by Fax (970-884-2195).**