

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

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: _____	<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	<u>Protection</u> <input type="checkbox"/> Containment <input type="checkbox"/> Containment by Isolation <input type="checkbox"/> Isolation	<u>Orientation</u> <u>Inlet</u> <input type="checkbox"/> Horizontal <input type="checkbox"/> <input type="checkbox"/> Vertical Up <input type="checkbox"/> <input type="checkbox"/> Vertical Down <input type="checkbox"/> <u>Outlet</u> <input type="checkbox"/> Approved: Y <input type="checkbox"/> N <input type="checkbox"/>			
	Testing & Maintenance	Line	Initial Test Results		Repairs	Re-Test Results	
		PSI:	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)		<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: <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.**