

Backflow Prevention Device Test and Maintenance Report



Business Name: _____ Site Phone: _____

Site Address: _____ City: _____ ZIP: _____

Assembly Location: _____

(Please use dimensions and references-Lot lines, Property Lines, Curb and/or other permanent features/landmarks)

Internal : _____

(Please provide location description such as name of room and/or room/unit/suite number)

Date of test: _____

The cross-connection control device detailed hereon has been tested and maintained as required by the regulations of the Fauquier County Water and Sanitation Authority and is certified to comply with these regulations.

Make of device: _____ Size: _____

Model number: _____ Located at: _____

Serial number: _____

	Reduced Pressure Devices		Pressure Vacuum Breaker		
	Double Check Devices		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check			
Initial Test	DC-Closed Tight <input type="checkbox"/> RP - _____ psid Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ psid	Opened at _____ psid Did not open <input type="checkbox"/>	_____ psid Leaked <input type="checkbox"/>
Repairs and Materials Used					
Test After Repair	DC-Closed Tight <input type="checkbox"/> RP - _____ psid	Closed Tight <input type="checkbox"/>	Opened at _____ psid	Opened at _____ psid	_____ psid

The above is certified to be true.

Firm Name: _____

Certified Tester: _____

Firm Address: _____

Test Gauge No. _____

Gauge Certification Date: _____

E-mail the completed form to: CCCAdministrator@fcwsa.org