

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: <u>Denver</u> 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: 85	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)		<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 checked="" 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.**