



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: RP	DC	PVB	AVB	Air Gap
Location on property: _____			Orientation	
New	Use	Protection	Inlet	Outlet
Existing	Domestic	Containment	Verticle Up	
Replacement	Fire Glycol	Containment by Isolation	Horizontal	
Previous Assembly Serial # _____	Irrigation Recycle Process	Isolation	Verticle Down	
Approved: Y N				

	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).