



**BACKFLOW PREVENTION ASSEMBLY  
TEST AND MAINTENANCE RECORD**

Customer's Name: \_\_\_\_\_  
 Service Address: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone No. \_\_\_\_\_

**SERVICE & BACKFLOW ASSEMBLY INFORMATION**

Meter No. _____	Account No. _____	Supply PSI: _____
<b>Existing Assembly:</b>		<b>New Replacement Assembly:</b>
Manufacturer: _____		Manufacturer: _____
Model No.: _____		Model No.: _____
Serial No.: _____		Serial No.: _____
Size & Type: _____		Size & Type: _____
		Permit No.: _____

**BACKFLOW ASSEMBLY TEST INFORMATION**

Air Gap	Reduced Pressure Assembly			PVB/SVB	
	Double Check Valve Assembly		Relief Valve	AIR INLET	CHECK VALVE
	Check Valve #1	Check Valve #2			
Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Held At _____ PSID	Held at _____ PSID	Opened at _____ PSID	Opened at _____ PSID	_____ PSID
	Closed tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did Not Open <input type="checkbox"/>		
Repairs & Materials					
Compliance Test	Held at _____ PSID	Held at _____ PSID	Opened at _____ PSID	AIR INLET	CHECK VALVE
	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>		Opened at _____ PSID	_____ PSID

COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Initial Test Information	DATE _____ TIME _____ PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	CERTIFICATE NO. _____ EXPIRES _____
	TESTED BY (print) _____	EQUIPMENT S/N _____ EXPIRES _____

Repair Information	REPAIRED BY _____	DATE _____
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Compliance Test Information	DATE _____ TIME _____ PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	CERTIFICATE NO. _____ EXPIRES _____
	TESTED BY (print) _____	EQUIPMENT S/N _____ EXPIRES _____

The above information is certified to be true and is in compliance with ARIZONA ADMINISTRATIVE CODE R18-4-115. TESTER'S SIGNATURE \_\_\_\_\_

Return no later than 3 days from compliance test date, mail to: Metro Water District, Attention: Backflow Prevention, P.O. Box 36870, Tucson, AZ 85740, Phone (520) 575-8100, Fax (520) 575-8454.

**See Reverse Side For Details**

## IMPORTANT TESTER INFORMATION

It is very important that this form be correctly completed and returned to Metro Water District within the prescribed period to prevent the customer from being inconvenienced by their water service being discontinued for non-compliance.

### PLEASE REMEMBER TO:

1. Contact the customer and request to review the correspondence they have received from Metro Water District regarding the backflow assembly at this property. You will need this information in order to fully complete your test form.
2. Make sure that all the required areas are completed and filled out correctly.
3. Failure to comply shall result in Metro Water District returning the form to you and your customer will remain out of compliance.
4. A delay in processing the form due to your negligence will result in Metro Water District placing you on probation for failing to follow instructions.
5. Your certification can be revoked for your continued failure to comply with rules and regulations as set forth by Metro Water District.

## IMPORTANT CUSTOMER INFORMATION

This form must be filled out by the Tester and returned to Metro Water District within three days from the Compliance test date.

If the Tester fails to comply with this requirement your water service could be turned off for non-compliance.

Make sure you notify the Tester if you have received a turnoff notice from Metro Water District for non-compliance. This will alert the Tester to take precautionary measures to insure that your water service does not get-turned off.

Please review the correspondence you have received from Metro Water District to ensure your compliance time to prevent water service discontinuance. Once your water service is turned off, we cannot guarantee restoration of water service that same day.