



City of Charlottesville

305 4th Street, N.W., Charlottesville, VA 22903
 Ph# 434-970-3800 Fx# 434-970-3817

Test and Maintenance Report

Cross Connection and Backflow Prevention Assembly

Name of Owner _____

Mailing Address _____

Name of Premises _____

Street Address _____

Location of Assembly _____ Install Date _____

Type of Assembly _____ Manufacturer _____ Size _____

Model Number _____ Serial Number _____

Tested by (Firm Name) _____ Licensed Tester's Number _____

Business Address _____ Telephone _____

Date of Test _____ Fault _____

Reason for Failure (if apparent) _____

I certify that I have tested the above assembly and that it meets the performance requirements of the City of Charlottesville.

Signature of Licensed Tester _____ Date _____

Printed Name of Licensed Tester _____ Test Kit Serial No. _____

Line pressure at time of test _____ psi.

Drop across Check Valve 1 _____ psid.

	Check Valve 1	Check Valve 2	Differential Pressure Relief Valve
Initial Test	Leaked _____ RP _____ psid 2. Closed Tight _____	Leaked _____ 2. Closed Tight _____	Opened at _____ psid reduced pressure 2. Did Not Open _____
R E P A I R S	_____ Cleaned: _____ Replaced: _____ Disc _____ Spring _____ Guide _____ Pin Retainer _____ Hinge Pin _____ Seat _____ Diaphragm _____ Other _____ _____ _____	_____ Cleaned: _____ Replaced: _____ Disc _____ Spring _____ Guide _____ Pin Retainer _____ Hinge Pin _____ Seat _____ Diaphragm _____ Other _____ _____ _____	_____ Cleaned: _____ Replaced: _____ Disc, upper _____ Disc, lower _____ Spring _____ Diaphragm, large _____ upper _____ lower _____ Diaphragm, small _____ upper _____ lower _____ Spacer, lower _____ Other, describe _____ _____ _____
Final Test	RP _____ psid Closed Tight _____	Closed Tight _____	Opened at _____ psid reduced pressure

Remarks: