

Security Water District

Backflow Prevention Device Test and Maintenance Report

Business or Property Owner name _____	Person In charge _____
Address of Device _____	Phone # _____

Make of Device _____	Type <input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB	Device Size _____
Model # _____	Serial # _____	
Location of Device _____		
Date Tested _____	<input type="checkbox"/> New Installation	<input type="checkbox"/> Existing Installation

<input type="checkbox"/> Passed <input type="checkbox"/> Failed <small>(only 30 days to repair or replace Failed Device)</small>	Reduced Pressure Devices		Pressure Vacuum Breaker		
	Double Check Devices		Relief Valve	Air inlet	Check Valve
Initial Test	1 st Check	2 nd Check	Opened at _____psi	Opened at _____psi Did not open <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>
Repairs & Materials used					
Retest of device After repairs	DC closed tight <input type="checkbox"/> RP _____psi Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____psi	Opened at _____psi	Closed Tight <input type="checkbox"/>

Results may be scanned and emailed to D.deutsch@Securitywsd.com or placed in the white drop box near the front door at 231 Security Blvd. Colorado Springs Co. 80911 or mailed to the same address.
 For questions call: (719) 392-3475

The undersigned certify this report to be true and accurate and the cross control device tested on this form was accomplished in accordance with the applicable regulations of the Security Water District and the Colorado Department of Public Health and Environment, CDPHE

Testers Firm _____	Phone # _____
Firm Address _____	Certified tester # _____
Certified Testers Printed Name _____	Signature _____
Email Address _____	Expiration Date _____

Revised 3/2020