

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 CLEARLY with BLOCK LETTERING)

Account	Business Name: _____				
	Facility Address: _____			City: _____	
	Contact Person: _____			Phone: _____	
Assembly	Make: _____ Model: _____		<u>Type Of Use</u>		<u>Orientation</u>
	Type: <input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap		<input type="checkbox"/> Domestic		<u>Inlet</u> <u>Outlet</u>
	Size: _____ Date Installed: _____		<input type="checkbox"/> Fire <input type="checkbox"/> Glycol		<input type="checkbox"/> Horizontal <input type="checkbox"/>
	<input type="checkbox"/> New <input type="checkbox"/> Existing		<input type="checkbox"/> Irrigation		<input type="checkbox"/> Vertical Up <input type="checkbox"/>
Testing & Maintenance	Previous Assembly #: _____		<input type="checkbox"/> Recycled		<input type="checkbox"/> Vertical Down <input type="checkbox"/>
	Location: _____				
	Supplies: _____				
	Line PSI:	Initial Test	Repairs		Retest
	Check Valve #1 (RP, DC, PVB)				
	Check Valve #2 (RP, DC)				
Relief Valve (RP)					
Buffer (RP)					
Air Inlet (PVB)					
Test Procedure: ABPA		ASSE			
Comments	Comments/Issues:				
Test Kit	Test Kit Make: _____		Model: _____		
	Serial #: _____		Calibration Expiration: _____		
Tester	Testing Company: _____				
	Tester Name: _____			Phone: _____	
	Signature: _____			Tester Certification Expiration: _____	

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.**