

City of  
**FAIRFAX**  
300 80th St Court  
Fairfax, IA 52228  
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## Backflow Device Testing and Maintenance Report Form

<b>Facility</b>	ACCOUNT #	BUSINESS NAME	METER NUMBER	METER SIZE
	BUILDING ADDRESS	Code:	Meter 1:	Meter 2:

<b>Water Use</b>	ID	BUILDING	FLOOR	ROOM	ROOM TYPE	AREA	LOCATION
	Description:						
	Hazard:						
	Water Use Notes:						
							Isolation: Containment:

<b>Protection</b>	ID	TYPE	USE	MANUFACTURER	MODEL	SIZE	SERIAL NUMBER

Tests	STEP	COMPONENT	TEST	REQUIREMENT	INITIAL TEST	FINAL TEST
<b>REDUCED PRESSURE</b>	1:	Check Valve 1	Confirmed Pressure Drop	5.0 PSID min		
	2:	Relief Valve	Opening Pressure	2.0 PSID min		
	3:	Check Valve 2	Differential Pressure in direction of flow	1.0 PSID min		
	4:	Check Valve 2	Held against Backpressure (yes/no)	yes		
	5:	Check Valve 1	Apparent Pressure Drop			
	6:	Check Valve 1	Difference between Apparent and Confirmed	1.0 PSID max		
	7:	Buffer	Confirmed Pressure - Relief Valve Pressure	3.0 PSID min		
<b>DOUBLE CHECK VALVE</b>	1:	Check Valve 1	Differential Pressure in direction of flow	1.0 PSID min		
	2:	Check Valve 1	Held against Backpressure (yes/no)	yes		
	3:	Check Valve 2	Differential Pressure in direction of flow	1.0 PSID min		
	4:	Check Valve 2	Held against Backpressure (yes/no)	yes		
<b>PRESSURE VACUUM BREAKER</b>	1:	Air Inlet Valve	Opening Differential	1.0 PSID min		
	2:	Check Valve	Closes tight in direction of flow	1.0 PSID min		
<b>ATMOSPHERIC VACUUM BREAKER</b>	1:	Air Inlet Valve	Proper Closure (yes/no)	yes		
	2:	Air Inlet Valve	Proper Opening (yes/no)	yes		
<b>AIR GAP</b>	1:	Air Gap	Unobstructed Distance	2x pipe dia, 1" min		
<b>ANTISIPHON FLUSH VALVE</b>	1:	Flush Valve	Proper Installation and Function (yes/no)	yes		
<b>HOSE BIBB VACUUM BREAKER</b>	1:	Vacuum Breaker	Proper Installation and Function (yes/no)	yes		

Repairs	STEP	CHECK VALVE 1	CHECK VALVE 2	RELIEF VALVE	AIR INLET	FLUSH VALVE	AIR GAP	NOTES:
<b>PROBLEMS</b>	1: Debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2: O-Ring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	3: Plugged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	4: Incorrect Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	5: Operational Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	6: Insufficient Air Gap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	7: Defeat Eliminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>CORRECTIVE ACTION</b>	1: Cleaned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2: Flushed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	3: Corrected Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	4: Air Gap Corrected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	5: Defeat Eliminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Tester's Certification</b>	OWNER OR REPRESENTATIVE (SIGNATURE)	DATE
INITIAL TEST BY (PRINT NAME)	SIGNATURE	TESTER #
INITIAL TEST BY (PRINT NAME)	SIGNATURE	TESTER #
FINAL TEST BY (PRINT NAME)	SIGNATURE	TESTER #
FINAL TEST BY (PRINT NAME)	SIGNATURE	TESTER #