

Donala Water & Sanitation District

15850 Holbein Drive
 Colorado Springs, CO 80921
 (719) 488-3603

BACKFLOW PREVENTION DEVICE TEST & MAINTENANCE REPORT

Water Supplier/Authority: _____ Meter/Account No. _____

Service Address: _____ Business Name: _____

Contact Person: _____ Title: _____ Phone: _____

Owner/Mgmt. Co./Contractor: _____ Phone: _____

Street: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____ Phone: _____

USE: Domestic: Fire: Irrigation: Isolation:

Manufacture: _____ Model: _____ Size: _____ Serial No: _____

Date Installed: _____ Last Inspection/Test: _____ Main Line Pressure: _____ PSI

Location on Property: _____

| | Reduced Pressure Type | | Double Check Type | | Pressure Vacuum Breaker | | Re-Test | |
|--------------|---|----------------|---|----------------|---|----------------|---|----------------|
| | Leak Tightness | Spring Tension | Leak Tightness | Spring Tension | Leak Tightness | Spring Tension | Leak Tightness | Spring Tension |
| Air Inlet | | | | | | _____ PSI | | _____ PSI |
| Check #1 | | _____ PSI | <input type="checkbox"/> Tight <input type="checkbox"/> Leaked | _____ PSI | <input type="checkbox"/> Tight <input type="checkbox"/> Leaked | _____ PSI | <input type="checkbox"/> Tight <input type="checkbox"/> Leaked | _____ PSI |
| Check #2 | <input type="checkbox"/> Tight <input type="checkbox"/> Leaked | _____ PSI | <input type="checkbox"/> Tight <input type="checkbox"/> Leaked | _____ PSI | | | <input type="checkbox"/> Tight <input type="checkbox"/> Leaked | _____ PSI |
| Relief Valve | | | | | | | | _____ PSI |
| Buffer Zone | | | | | | | | _____ PSI |

Dual Check: Checks tested at min of 1.0 psi Replaced checks:

Air Gap: Discharge pipe diameter _____ inches. Unobstructed vertical distance(outlet to flood rim) _____ inches.

Device Mechanical Test: Pass Fail Reason: _____

Repairs: _____

Installation: Meets State/Local Standards Fails State/Local Standards:

Explain: _____

Person notified of any failure: _____ Title: _____

Alarm Company/Fire Department Notified: _____

Turned off: Date: _____ Time: _____ Turned on: Date: _____ Time: _____

This Technician Certifies this Device has been tested in accordance to the lastet Edition of the Colorado Cross-Conection Control Manual.

Tested By: _____ Cert. No. _____ Expires: _____

Company: _____ Phone: _____

Street: _____ City: _____ State: _____ Zip: _____

Test Equipment used: _____ Last Calibration Date: _____

Technician: _____ Signature _____ Date: _____ Time: _____

Device Owner or Agent _____ Signature _____ Date: _____ Time: _____