



**CITY OF LONGMONT W/WW  
BACKFLOW ASSEMBLY TEST &  
MAINTENANCE REPORT**

Assembly Serial # \_\_\_\_\_

Test Date/Time \_\_\_\_\_

Tester Certification # \_\_\_\_\_

Assembly Test Results  PASS  \*FAIL

Comments: \_\_\_\_\_

(Please print *CLEARLY* with **BLOCK LETTERING**)

<b>Account</b>	Business Name: _____				
	Facility Address: _____		City: _____		
	Contact Person: _____		Phone/Email: _____		
<b>Assembly</b>	Make _____ Model _____ Type <input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap Size: _____ Date Installed: _____ <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Replacement Previous Assembly #: _____ Location: _____		<u>Type Of Use</u> <input type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Glycol <input type="checkbox"/> Irrigation <input type="checkbox"/> Other		
			<u>Protection</u> <input type="checkbox"/> Containment <input type="checkbox"/> Containment by Isolation <input type="checkbox"/> Isolation		
<b>Testing &amp; Maintenance</b>			<u>Orientation</u> Inlet _____ Outlet _____ <input type="checkbox"/> Horizontal <input type="checkbox"/> <input type="checkbox"/> Vertical Up <input type="checkbox"/> <input type="checkbox"/> Vertical Down <input type="checkbox"/> Orientation Approved? <input type="checkbox"/> Y <input type="checkbox"/> N		
	Line PSI: _____		Initial Test	Repairs	Retest
	Check Valve #1 <input type="checkbox"/> Leak <input type="checkbox"/> Tight (RP,DC,PVB)				<input type="checkbox"/> Leak <input type="checkbox"/> Tight
	Check Valve #2 <input type="checkbox"/> Leak <input type="checkbox"/> Tight (RP,DC)				<input type="checkbox"/> Leak <input type="checkbox"/> Tight
	Relief Valve (RP)				
	Buffer (RP)				
	Air Inlet (PVB)				
	Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced		Shutoff Valve #2: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced		
Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No		Test Procedure: <input type="checkbox"/> ABPA <input type="checkbox"/> ASSE			
<b>Comments</b>	Comments/Issues: _____				
	Have you observed any lead water service lines or lead components on the service line at this address? _____				
<b>Notice</b>	Alarm Company/Fire Department: _____		DFS Certification #: _____		
	Person Notified: _____		Contacted By: _____		
	Turn Off Date/Time: _____		Turn On Date/Time: _____		
<b>Test Kit</b>	Test Kit Make: _____		Model: _____		
	Serial #: _____		Calibration Expiration: _____		
<b>Tester</b>	Testing Company: _____				
	Tester Name: _____		Phone: _____		
	Signature: _____		Tester Certification Expiration: _____		

Testing Company: Submit by e-mail to [Backflow@LongmontColorado.gov](mailto:Backflow@LongmontColorado.gov), or complete the online form at <https://longmontcolorado.gov/backflow>.

Incomplete test forms will not be accepted. To avoid compliance issues please make sure your test forms are completed. \*FAILED test results must be reported to City of Longmont within 24 hours of failure. Please type "FAILED TEST" in the subject line.