



City of North Liberty
 5 East Cherry Street
 P.O. Box 77
 North Liberty, IA 52317-8800

Backflow Device Testing and Maintenance Report Form

Facility	ACCOUNT #	BUSINESS NAME	METER NUMBER	METER SIZE
	BUILDING ADDRESS	Code:	Meter 1:	Meter 2:

Water Use	ID	BUILDING	FLOOR	ROOM	ROOM TYPE	AREA	LOCATION
	Description:						
	Hazard: Type:						
	Water Use Notes:						
							Isolation:
							Containment:

Protection	ID	TYPE	USE	MANUFACTURER	MODEL	SIZE	SERIAL NUMBER

Tests	STEP	COMPONENT	TEST	REQUIREMENT	INITIAL TEST	FINAL TEST
REDUCED PRESSURE	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		
DOUBLE CHECK VALVE	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		
PRESSURE VACUUM BREAKER	1:	Air Inlet Valve	Opening Differential	1.0 PSID min		
	2:	Check Valve	Closes tight in direction of flow	1.0 PSID min		
ATMOSPHERIC VACUUM BREAKER	1:	Air Inlet Valve	Proper Closure (yes/no)	yes		
	2:	Air Inlet Valve	Proper Opening (yes/no)	yes		
AIR GAP	1:	Air Gap	Unobstructed Distance	2x pipe dia. 1" min	<input type="text"/>	<input type="text"/>
ANTISIPHON FLUSH VALVE	1:	Flush Valve	Proper Installation and Function (yes/no)	yes	<input type="text"/>	<input type="text"/>
HOSE BIBB VACUUM BREAKER	1:	Vacuum Breaker	Proper Installation and Function (yes/no)	yes	<input type="text"/>	<input type="text"/>

Repairs	STEP	CHECK VALVE 1	CHECK VALVE 2	RELIEF VALVE	AIR INLET	FLUSH VALVE	AIR GAP	NOTES
PROBLEMS	1:	<input type="checkbox"/>						
	2:	<input type="checkbox"/>						
	3:	<input type="checkbox"/>						
	4:	<input type="checkbox"/>						
	5:	<input type="checkbox"/>						
	6:	<input type="checkbox"/>						
	7:	<input type="checkbox"/>						
CORRECTIVE ACTION	1:	<input type="checkbox"/>						
	2:	<input type="checkbox"/>						
	3:	<input type="checkbox"/>						
	4:	<input type="checkbox"/>						
	5:	<input type="checkbox"/>						

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