



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

Buffalo Mountain Metro District Backflow Assembly Test & Maintenance Report

Account	Name: _____				
	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"/>
	Previous Assembly #: _____		<input type="checkbox"/> Recycled		<input type="checkbox"/> Vertical Down <input type="checkbox"/>
	Location: _____				
	Supplies: _____				
Testing & Maintenance	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 office@bmmmd.org, type "Backflow Test Reports" in the subject line

*** FAILED test results must be reported to BMMMD within 24 hours of failure at (970) 513-1300**