



TRIANGLE FIRE PROTECTION, INC.

20 Roadway Drive
Carlisle, PA 17015
(717) 241-9662
FAX (717) 241-9672
888 -512 -3170

Contract # 220007162710 Premise #9240409802

Backflow Prevention Device Inspection and Maintenance Report Form

Owner of Property _____
 Mailing Address _____

 (Town) _____ (Zip) _____
 Contact Person _____
 Device Address _____

 (Town) _____ (Zip) _____
 Exact Device Location _____

Date _____ Time _____
 Examined by _____
 Certificate # _____
 RPZ DCVA PVB
 Bronze Iron St. Steel
 Make _____ Model # _____
 Size _____ Serial # _____

Reduced Pressure Backflow Prevention Device Assembly (RPZ)					Pressure Vacuum Breaker (PVB) Spill Resistant Vacuum Breaker (SRVB)	
Check Valve No.1	Check Valve No.2 Tightness	Flow Condition Evaluated	Relief Valve DP Opening Point	Check Valve No. 2 DP	Check Valve DP	Flow Condition Evaluated
Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____ PSID	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____ PSID	Flow <input type="checkbox"/> No-Flow <input type="checkbox"/>	Opened at PSID _____ Did Not Open <input type="checkbox"/>	_____ PSID	_____ PSID	Flow <input type="checkbox"/> No-Flow <input type="checkbox"/>
Double Check Valve Device Assembly (DCVA)					Air Inlet Valve DP Opening Point	
Backpressure Test		Check Valve No.1 DP	Check Valve No. 2 DP	Flow Condition Evaluated		
TC#1 PSI	TC#4 PSI	_____ PSID	_____ PSID	Flow <input type="checkbox"/> No-Flow <input type="checkbox"/>	Open at _____ PSID Did Not Open <input type="checkbox"/>	
At the time of the test, the downstream shut-off valve was: Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> Not Tested <input type="checkbox"/>						
Line Pressure _____ PSI		Protection Type: Service Line <input type="checkbox"/> Fire Service Line <input type="checkbox"/> Internal Domestic Plumbing System <input type="checkbox"/>				

Witnessed by: _____ **PASS** **FAILED**

Owner Agent _____
 Certified Tester Signature _____
 Testing Equipment Serial Number _____
 Testing Equipment Calibration Date _____

Remarks _____



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