



# TRIANGLE FIRE PROTECTION, INC.

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## 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)				
Check Valve No.1	Check Valve No.2 Tightness	Flow Condition Evaluated	Relief Valve DP Opening Point	Check Valve No. 2 DP
Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> PSID _____	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Flow <input type="checkbox"/> No-Flow <input type="checkbox"/>	Opened at PSID _____ Did Not Open <input type="checkbox"/>	PSID _____

Double Check Valve Device Assembly (DCVA)				
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"/>

Pressure Vacuum Breaker (PVB) Spill Resistant Vacuum Breaker (SRVB)	
Check Valve DP	Flow Condition Evaluated
PSID _____	Flow <input type="checkbox"/> No-Flow <input type="checkbox"/>

Air Inlet Valve DP Opening Point
Open at _____ PSID Did Not Open <input type="checkbox"/>

At the time of the test, the downstream shut-off valve was: Closed Tight ☐ Leaked ☐ Not Tested ☐

Line Pressure \_\_\_\_\_ PSI Protection Type: Service Line ☐ Fire Service Line ☐ Internal Domestic Plumbing System ☐

Witnessed by: \_\_\_\_\_

PASS ☐

FAILED ☐

Owner Agent \_\_\_\_\_

Certified Tester Signature \_\_\_\_\_

Testing Equipment Serial Number \_\_\_\_\_

Testing Equipment Calibration Date \_\_\_\_\_

Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_