



# 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)					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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_