ANNUAL TEST AND MAINTENANCE REPORT
BACKFLOW PREVENTION DEVICE

Owner: ___________________________ Address: ___________________________
City: ___________________________ State: _____ Zip: ____________________
Phone: __________________________

- Reduced Pressure Principle
- Double Check Valve
- Pressure Vacuum Breaker

Manufacturer: _____________________ Model: ________________ Size: _________
Serial # ______________ Location: _____________________________________

TEST REPORT

<table>
<thead>
<tr>
<th>Line Pressure</th>
<th>Check Valve # 1</th>
<th>Check Valve # 2</th>
<th>Differential Pressure Relief Valve</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Test</td>
<td>Closed Tight □</td>
<td>Closed Tight □</td>
<td>Opened At ________psi Reduced Pressure</td>
</tr>
<tr>
<td>Repairs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Material</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Final Test</td>
<td>Closed Tight □</td>
<td>Closed Tight □</td>
<td>Opened at ________psi Reduced Pressure</td>
</tr>
</tbody>
</table>

Certification

I certify that the foregoing test report is correct:                                 Signature: __________________________
                                                                                      Date: _______________  Cert # __________________

Employer: __________________________________ Address: __________________________________
City: ___________________________________ State: _________ Zip: __________________________

Owner’s Certification

I hereby certify that the above backflow prevention assembly has been in constant use at this location during the entire prescribed interval between test periods and during that period this assembly was not bypassed, made inoperative or removed without proper authorization. All defects found during the operation period or during tests of the assembly were satisfactorily corrected without delay. I further certify that I have the responsibility and authority to insure the above.

Owner / Agent: ___________________________ Title: __________________ Date: ________