

**CITY OF CHARLOTTE PUBLIC WORKS  
WATER DEPARTMENT**

111 E. Lawrence Ave.  
Charlotte, MI 48813  
Phone: (517) 543-8858 • Fax: (517) 543-8851

**Backflow Prevention Device  
Inspection and Maintenance  
Report Form**

Facility Name \_\_\_\_\_

Owner of Property \_\_\_\_\_

Device Address \_\_\_\_\_

Device Address \_\_\_\_\_

Contact Person \_\_\_\_\_

RPBP       DCV       PVB

Tester's Address \_\_\_\_\_

RPDA       DDCV       SVB

Phone \_\_\_\_\_

Exact Device Location \_\_\_\_\_

Make \_\_\_\_\_

Model No. \_\_\_\_\_

Size \_\_\_\_\_

Serial No. \_\_\_\_\_

Line PSI _____	Reduced Pressure Backflow Preventer			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Check Valve	Air Inlet
	Check Valve #1	Check Valve #2			
Initial Test <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____PSID	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____PSID	Opened at _____PSID Did Not Open <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____PSID	Opened at _____PSID Did Not Open <input type="checkbox"/>
Repairs					
Final Test <input type="checkbox"/> Pass	Closed Tight <input type="checkbox"/> _____PSID	Closed Tight <input type="checkbox"/> _____PSID	Opened at <input type="checkbox"/> _____PSID	Closed Tight <input type="checkbox"/> _____PSID	Opened at <input type="checkbox"/> _____PSID
Condition of No. 2 Shutoff Valve		Closed Tight <input type="checkbox"/>	Leaked <input type="checkbox"/>		
Notes:					
Certification: On this date, the above device was tested per applicable codes and the required performance standards.					
Test Type		Gauge No.		Testing Firm	
Tester Name			Tester Certification No.		

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

Date \_\_\_\_\_

Contact Signature \_\_\_\_\_

Date \_\_\_\_\_