



District of Columbia Water

Send to: **Cross Connection Control Program**

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Annual Backflow Prevention Assembly Test and Maintenance Report

Building Address _____

Billing Address _____

Make of Device _____
 Model Number _____
 Serial Number _____

Size _____
 Located at _____

Is the building part of/a (circle one): **Hospital** **Nursing Home** **Hotel**
Commercial **Residential** **Other** _____

Is the device? (circle one) **New** **Existing** **Rebuilt**
 Assembly Type (circle one) **Reduced Pressure** **Double Check** **Pressure Vacuum Breaker**

Test Results	Reduced Pressure Assembly				Pressure Vacuum Breaker	
	Relief Valve	Double Check Assembly		Backsiphonage	Air Inlet	Check Valve
		1 st Check	2 nd Check			
Opened at _____ Diff psi	Closed Tight at _____ Diff psi Leaked _____	Closed Tight at _____ Diff psi Leaked _____	Closed Tight at _____ Diff psi Leaked _____	Opened at _____ Diff psi	Opened at _____ Diff psi	
Test Conclusion (Circle one):	Pass Fail		Failure Description _____ _____ _____			

If assembly fails, it must be replaced or repaired, then retested with test report submitted within 45 days.

Test Date _____ Next Test Date _____

Tester Signature _____ certifies the above results are true
 Print Tester Name _____ Certification # _____
 Test Firm Name _____ Test Firm Address _____

Note: All assemblies should be tagged indicating test firm address, test date, tester name and certification number