



Water Utility
Authority

Backflow Prevention Assembly Test Report

Return Legible and Satisfactory Reports to:
WATER UTILITY DEPARTMENT - WATER SYSTEMS DIVISION
CROSS CONNECTION CONTROL OFFICE - PINO YARDS
P.O. Box 1293, Albuquerque, NM 87103

Office Phone: (505) 857-8210
Inspector's Phone: (505) 857-8244
Fax: (505) 857-8636
Email: backflow@abcwua.org

Premise Name:		Phone No.:				
Premise Address:						
Representative/Owner Name:		Phone No.:				
Serial No.:	Mfg.:	Model:	Size:			
CONTAINMENT	<input type="radio"/> Domestic	<input type="radio"/> Fire Protection	<input type="radio"/> Irrigation	<input type="radio"/> Other:		
ISOLATION	Describe equipment or system isolated:					
Specific location of assembly:						
Bldg. _____ Room _____ Floor _____						
Water Account No.: (if known)		Water Meter Serial No.: (if known)				
<input type="radio"/> Initial Test <input type="radio"/> Annual Test <input type="radio"/> Repair Test <input type="radio"/> PASSED <input type="radio"/> FAILED	RP / RPDA		DC / DCDA		PVB / SVB	
	CV1 AR _____		CV1 _____		AIV _____	
	RV _____		CV2 _____		CV _____	
	CV2 closed tight? _____					
	CV1 CR _____					
	CV2 _____					
Buffer _____						
Comments/ Repairs _____						
Removed Assembly Information		Serial No.:	Mfg.:	Model:	Size:	
Test Gauge	Mfg.:	Model:	Serial No.:	Date of last calibration:		
I certify that I have tested the above assembly in accordance with the Water Systems Division, Cross Connection and Control Ordinance, and that the information is accurate to the best of my abilities.						
Tester's Name:(print)				Certification No.:		
Tester's Signature:						
Employer Name:						
Employer Address:						
Phone:			Fax:			
Date of Test:			Time of Test:			
FOR OFFICE USE ONLY		Initials:	Device Test ID:		Date entered:	