



# Backflow Prevention Assembly Test Report

Return Legible and Satisfactory Reports to:

WATER UTILITY AUTHORITY - COMPLIANCE DIVISION

CROSS CONNECTION CONTROL OFFICE - SOUTHSIDE WATER RECLAMATION PLANT

P.O. BOX 568, Albuquerque, NM 87103-0568

Office Phone: (505) 289-3417

Inspector's Phone: (505) 289-3465

Fax: (505) 289-3503

Email: backflow@abcwua.org

Premise Name:		Phone No.:	
Premise Address:			
Representative/Owner Name:		Phone No.:	Email:
Serial No.:	Mfg.:	Model:	Size:
CONTAINMENT	Domestic	Fire Protection	Irrigation
ISOLATION	Describe equipment or system isolated:		
Specified location of assembly:			
Bldg.:	Room:	Floor:	
Water Account No. (if known):	Water Meter Serial No. (if known):		
Initial Test	<b>RP / RPDA</b>	<b>DC / DCDA</b>	<b>PVB / SVB</b>
Annual Test	CVI AR _____	CV1 _____	AIV _____
Repair Test	RV _____		
	CV2 closed tight? YES NO _____	CV2 _____	CV _____
<b>PASSED</b>	CV1 CR _____		
<b>FAILED</b>	CV2 _____		
	BUFFER _____		
Comments / Repairs:			
Removed Assembly Info:	<b>Serial No.:</b>	<b>Mfg.:</b>	<b>Model:</b>
Test Gauge	<b>Mfg.:</b>	<b>Model:</b>	<b>Serial No.:</b>
			<b>Date of last calibration:</b>
<b>I certify that I have tested the above assembly in accordance with the Compliance Division, Cross Connection and Control Ordinance, and that the information is accurate to the best of my abilities.</b>			
Tester's Name: (print)	Tester's Certification #:		
Tester's Digital Signature:			
Employer Name:			
Employer Address:			
Phone:		Fax:	
Date of Test:	Time of Test:	Tester's Email:	