



# Backflow Prevention Assembly Test Report

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