

GWA Test and Maintenance Report (Must Include Meter No.)

Owner/Consumer (Company) & Mailing Address _____
 Account # _____ Service Address _____
 Meter #. _____ Device Size _____ Manufacturer _____ Model _____ Serial # _____
 Physical Location of Assembly _____ Contact Name & Phone # _____

Reduced Pressure Backflow Assembly				
Double Check Valve Assembly				PVBA /SVBA
Check Valve #1	Check Valve #2	Relief Valve		Air Inlet
Initial Test	Tight <input type="checkbox"/> Leaked <input type="checkbox"/> PSI _____	Tight <input type="checkbox"/> Leaked <input type="checkbox"/> PSI _____	Dripping <input type="checkbox"/> Did not open <input type="checkbox"/> Opening PSI _____	Did not open <input type="checkbox"/> PSI _____
	<input type="checkbox"/> Cleaned	<input type="checkbox"/> Cleaned	<input type="checkbox"/> Cleaned	Check Valve
	<input type="checkbox"/> Replaced	<input type="checkbox"/> Replaced	<input type="checkbox"/> Replaced	PSI _____
	<input type="checkbox"/> Disc/O-RING	<input type="checkbox"/> Disc/O-RING	<input type="checkbox"/> Disc(s)	<input type="checkbox"/> Cleaned
	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Seat	<input type="checkbox"/> Replaced
	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Diaphragm(s)	
	<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> CV Disc
	<input type="checkbox"/> Test Clock (#1#2)	<input type="checkbox"/> Test Clock (#3#4)	<input type="checkbox"/> Rubber Parts	<input type="checkbox"/> Air Inlet Disc
	<input type="checkbox"/> Other (describe in comments below)	<input type="checkbox"/> Other (describe in comments below)	<input type="checkbox"/> Stem (describe in comments below)	<input type="checkbox"/> Seat <input type="checkbox"/> Bonnet
			<input type="checkbox"/> O-rings	<input type="checkbox"/> Other (below)
			<input type="checkbox"/> Other (describe below)	

When existing backflow assembly is replaced, complete *this* block and "FINAL TEST" with new assembly information.
 Size _____ Manufacturer _____ Model _____ Serial Number _____

Final Test	Tight <input type="checkbox"/> Holding PSI _____	Tight <input type="checkbox"/> Holding PSI _____	Opening PSI _____	Opening PSI _____ Holding PSI _____
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Comments _____

TEST RESULTS: I CERTIFY THE ABOVE INFORMATION TO BE TRUE.

Initial Test	Date: _____	Test by: (Print) _____	Passed <input type="checkbox"/> Failed <input type="checkbox"/>
	Cert. #: _____	Tested by (Signature) _____	
Repair	Date: _____	Repaired by: _____	
	Cert. #: _____		
Final Test	Date: _____	Repaired by: _____	Passed <input type="checkbox"/> Failed <input type="checkbox"/>
	Cert. #: _____		

ASSEMBLY FAILURE OR LACK OF TESTING: In accordance with Guam and federal laws, this assembly shall be repaired within fifteen (15) days of failure. Negligence in completing the testing in a timely manner will result in the suspension of the water service.

Mail this Form to: **Guam Waterworks Authority, Cross-Connection and Backflow Prevention, P.O. Box 3010 Hagatna, GU 96932**