


GWA Backflow Assembly Field Test and Maintenance Report Form (Must Include GWA Meter No.)

Owner/Consumer (Company) & Mailing Address _____

Account # _____ Service Address _____

Meter #. _____ Assembly Size _____ Manufacturer _____ Model _____ Serial # _____

Physical Location of Assembly _____ Contact Name & Phone # _____

	Reduced Pressure Backflow Assembly (RPBA) <input type="checkbox"/> PI (Premise Iso) <input type="checkbox"/> IP (In Premise) <input type="checkbox"/> DA (Det. Ass.) <input type="checkbox"/>			PVBA <input type="checkbox"/>
	Double Check Valve Assembly (DCVA) <input type="checkbox"/> PI <input type="checkbox"/> IP <input type="checkbox"/> DA <input type="checkbox"/>			SVBA <input type="checkbox"/>
DATE	Check Valve #1	Check Valve #2	Relief Valve	Air Inlet
(Initial Test)	Tight <input type="checkbox"/>	Tight <input type="checkbox"/>	Dripping <input type="checkbox"/>	Did not open <input type="checkbox"/>
	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did not open <input type="checkbox"/>	
	PSI	PSI	Opening PSI	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"/>	Tight <input type="checkbox"/>		Opening PSI
	Holding PSI	Holding PSI	Opening PSI	Holding PSI

Comments: _____

Test Kit Info Make & Model: _____ Serial #: _____ Calibration Expire Date: _____

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. #: _____	Repair Comments: _____		

FINAL TEST	Date: _____	Test by: (Print) _____	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>
	Cert. #: _____	Test by: (Signature) _____		

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 Control and Backflow Prevention Program, P.O. Box 3010 Hagatna, GU 96932