

**CITY OF HILLSBORO
BACKFLOW DEVICE TEST AND MAINTENANCE REPORT**

Building Information Business Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____

Owner Information Owner Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Contact Person _____

Type of device _____ RP _____ DCV _____ PVB _____ Air Gap _____

TESTS RESULTS

Wheel Valves	Check Valve #1	Check Valve #2	Relief Valve	Availability

Make _____ Model _____ Size _____ Serial# _____

Type of Installation: Containment _____ Isolation _____

Location of device _____

Tester Name _____ Certification # _____

Date Tested _____ Testers Signature _____

Owner/Customers Signature _____

Comments _____
