

Return Reports to:
 City of Cañon City Water Department
 P.O. Box 1460, 81215
 backflowreporting@canoncity.org
 P: 719-269-9022 F: 719-269-9034
 Office Hours: M-F 7am-3:30pm

Assembly Serial # _____
 Test Date / Time _____
 Tester Certification # _____
 Assembly Test Results ☐ Pass ☐ *Fail

(please print [/ &] ^ Á with BLOCK LETTERING)

Account	Facility Name: _____			Meter #: _____						
	Facility Address: _____			City: _____						
	Contact Person: _____			Phone: _____						
Assembly	Make: _____ Model: _____		Type of Use				Protection		Orientation	
	Type: <input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> AÜXÓ <input type="checkbox"/> Air Gap		<input type="checkbox"/> Domestic		<input type="checkbox"/> Containment		<input type="checkbox"/> Inlet		<input type="checkbox"/> Outlet	
	Size: _____ Date Installed: _____		<input type="checkbox"/> Fire <input type="checkbox"/> Glycol		<input type="checkbox"/> Containment by Isolation		<input type="checkbox"/> Horizontal		<input type="checkbox"/>	
Testing & Maintenance	<input type="checkbox"/> New <input type="checkbox"/> Existing		<input type="checkbox"/> Irrigation		<input type="checkbox"/> Isolation		<input type="checkbox"/> Vertical Up		<input type="checkbox"/>	
	Previous Assembly #: _____		<input type="checkbox"/> Recycled				<input type="checkbox"/> Vertical Down		<input type="checkbox"/>	
	Location: _____						Approved: Y <input type="checkbox"/> N <input type="checkbox"/>			
Testing & Maintenance	Line	Initial Test Results		Repairs				Re-Test Results		
	PSI:	Tightness	Differential					Tightness	Differential	
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input type="checkbox"/> Tight			<input type="checkbox"/> Leak <input type="checkbox"/> Tight					
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input type="checkbox"/> Tight			<input type="checkbox"/> Leak <input type="checkbox"/> Tight					
	Relief Valve (RP)									
	Buffer (RP)									
	Air Inlet (PVB)									
	Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced						Shutoff Valve #2: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced			
	Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No			Test Procedure: <input type="checkbox"/> ABPA:			<input type="checkbox"/> ASSE:			
	Comments: _____									
Notification	Alarm Company/Fire Department: _____									
	Person Notified: _____					Contacted By: _____				
	Turn Off Date/Time: _____					Turn On Date/Time: _____				
Test Kit	Test Kit Make: _____					Model: _____				
	Serial #: _____					Last Calibration Date: _____				
Tester	Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.									
	Testing Company: _____									
	Tester Name: _____					Phone: _____				
Signature: _____					Certificate Expiration Date: _____					

Testing Company: Submit by e-mail (preferred) to backflowreporting@canoncity.org,
 type "Backflow Test Reports" in the subject line OR submit by Fax to (719) 269-9034.

* **FAILED** test results **must** be reported to backflowreporting@canoncity.org within 24 hours of failure at (719) 269-9022.