



Board of Public Utilities
2416 Snyder Ave
Cheyenne, WY 82001
307-637-0849

Assembly Serial # _____
Test Date / Time _____
Tester Certification # _____
Assembly Test Results <input type="checkbox"/> Pass <input type="checkbox"/> *Fail
<input type="checkbox"/> Under Suspension - Process Immediately

BOPU Water Backflow Assembly Test & Maintenance Report (please print with **BLOCK LETTERING**)

Account	Business Name: _____		Property Owner Name: _____			
	Facility Address: _____		City: _____	ST: _____ Zip: _____		
	Contact Person: _____		Phone: _____			
Assembly	Make: _____ Model: _____		<u>Type of Use</u>			
	Type: <input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap		<input type="checkbox"/> Domestic <input type="checkbox"/> Containment			
	Size: _____ Date Installed: _____		<input type="checkbox"/> Fire <input type="checkbox"/> Glycol <input type="checkbox"/> Containment by Isolation			
<input type="checkbox"/> New <input type="checkbox"/> Existing		<input type="checkbox"/> Irrigation <input type="checkbox"/> Isolation				
Previous Assembly #: _____		<input type="checkbox"/> Recycled				
Location: _____		Orientation				
		<u>Inlet</u> <input type="checkbox"/> Horizontal <input type="checkbox"/>				
		<input type="checkbox"/> Vertical Up <input type="checkbox"/>				
		<input type="checkbox"/> Vertical Down <input type="checkbox"/>				
		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	<i>Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.</i>					
	Testing Company: _____					
	Tester Name: _____		Phone: _____			
Signature: _____		Certificate Expiration Date: _____				

Testing Company: Submit by e-mail (preferred) to Backflow@cheyennebopu.org,
 type "Backflow Test Reports" in the subject line OR submit by Fax to (307) 637-6063.

***FAILED** test results **must** be reported to BOPU within 24 hours of failure at (307) 637-6471.

White - Owner's Record Yellow - Forward to BOPU Pink - Testing Agency