# Cross Connection Control & Backflow Prevention Device Test and Maintenance Report

## Town of Cary

**Pass □**  
**Fail □**

### Customer

**Address (street, city, zip)**

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**Name of Tester**  
**Company Name**  
**Tester Certification No.**

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**Testing Gauge Serial No.**  
**Model No.**  
**Calibration Date**

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### For Tester Use Only

**Manufacturer**  
**Model**  
**Size**  
**Serial No.**

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**Location of Assembly**  
**Water Meter No.**

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**Type of Backflow Assembly:**  
☑ RP  
☑ DC  
**Line Pressure**

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**New Install □**  
**Existing Device □**  
**Replacement □**  
**Old Assembly Serial No.**

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**Domestic □**  
**Fire □**  
**Lawn Irrigation □**

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**New Test □**  
**Recertification Test □**

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<table>
<thead>
<tr>
<th>Relief Valve</th>
<th>Check Valve #1</th>
<th>Check Valve #2</th>
</tr>
</thead>
</table>
| **Initial Test** | OPENED AT _____ PSID BUFFER _____ PSID  
☐ DID NOT OPEN | ☐ LEAKED  
☐ CLOSED TIGHT HELD AT _____ PSID | ☐ LEAKED  
☐ CLOSED TIGHT HELD AT _____ PSID |
|               | SHUT OFF VALVE #1 | SHUT OFF VALVE #2 |
| **Final Test** | ☐ OPENED AT _____ PSID  
☐ CLOSED TIGHT HELD AT _____ PSID | ☐ CLOSED TIGHT HELD AT _____ PSID |
| **Repairs** | ☐ Cleaned Only  
☐ RV Assembly | ☐ Replaced Rubber Kit  
☐ Rebuild  
☐ RPZ is Removed From Service |

### Comments:

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**Signature:**

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**Return To:**  
**Town of Cary**  
**Cross Connection Control ORC**  
**P.O. Box 8005, Cary, NC 27512-8005**

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**Phone:** (919) 469-4090  
**Fax:** (919) 469-4304