



City of Phoenix
PLANNING AND DEVELOPMENT DEPARTMENT

Thank you for your interest in the city's Backflow Prevention Program. The safety of our city's drinking water is of vital interest to all involved. All owners of backflow assemblies are responsible for assuring their reliability and efficiency when it comes to protecting the water supply from contaminants. As an approved Backflow Tester, you will be an important link between the city of Phoenix and the owner of the backflow assembly.

Original test report(s) are required on all testable backflow assemblies, which includes new backflow installations, relocated backflow preventers, replacement of a backflow preventer, hydrant meter, new construction, annual testing, etc. Receipt of timely and accurate testing reports are essential elements in the smooth operation of the city's program.

All forms, instructions, code references, technical guidelines, approved testers, and other information are available on the Backflow Prevention web site located at <http://phoenix.gov/development/quickreference/backflow.html>.

Please familiarize yourself with all information and requirements. You will be responsible for compliance with all requirements. Inaccurate or incomplete reports will not be accepted. Reports lacking information or with inaccurate information will be returned to the tester for correction, along with a copy to the owner of the backflow assembly. This will include any blank information, incorrect information, lack of meter number, lack of tester's signature, etc.

Reports must be complete and accurate. Penalties for non-compliance include, but are not limited to:

- First Notice – Written warning to tester by certified mail for at least ten (10) verified incomplete or inaccurate reports with a one-year period.
- Second Notice – Three month suspension from recognized testers list for an additional ten (10) verified incomplete or inaccurate reports within one year following first notice.
- Third Notice – Six month suspension from recognized testers list if tester continues to submit incomplete or inaccurate reports.

The city reserves the right to remove a tester from the approved list permanently for repeat incidents or a serious incident such as submitting false test results. Following any suspension, a tester must file a new application.

Original test report(s) must be signed and Emailed to Backflow.Prevention@phoenix.gov, or mailed to:
City of Phoenix Backflow Prevention
438 West Adams Street
Phoenix, Arizona 85003

If you have any questions or need additional information, please contact me at 602-534-2140 or Email at Backflow.Prevention@phoenix.gov.

Sincerely,

William Fagiola
Plumbing/Mechanical Inspections Field Supervisor
Backflow Prevention Program



**Backflow Prevention Program
438 West Adams Street / Phoenix, Arizona 85003**

The city of Phoenix requires the following documentation from all companies who wish to be on the city's list of Backflow Test Companies:

1. Backflow Tester Application Form
A form must be filled out for each tester
2. Contractor's License from Arizona Registrar of Contractors
Telephone number 602-542-1525
See Note below
3. City of Phoenix Privilege (sales tax) License
Telephone number 602-262-6785
4. Backflow Prevention Assembly Tester Certificate
5. Test Kit Calibrations

Note: If you will only be testing backflow preventers and will not be engaged in any work that requires a permit, a contractor's license is not required.

In lieu of a contractor's license, submit all other items along with a signed and dated letter stating you will only be testing and do not require a contractor's license.

The following documents will be provided by the city of Phoenix Backflow Prevention Program. All test results should be provided on the city's Backflow Prevention Assembly Test Report form.

1. Backflow Tester Application Form
2. Backflow Prevention Assembly Test Report
3. Backflow Assembly Test Form Instructions



(PLEASE PRINT LEGIBLY)

Tester Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Tester Certificate Number _____ Certified Renewal Date _____

Company _____

Company Address _____

City _____ State _____ Zip _____

Telephone _____ FAX _____

Email _____

State Contractor's License # _____ Phoenix Business License # _____

***TESTING INSTRUMENT**

Manufacturer	Model	Serial No
_____	_____	_____

Calibration Company _____ **Date** _____

Manufacturer	Model	Serial No
_____	_____	_____

Calibration Company _____ **Date** _____

*Indicates forms for which copies are required to be attached.

-----AFFIDAVIT-----

As the individual seeking recognition on the city's list of Backflow Testers, I certify I have read, understand and am responsible for all requirements of the Backflow Prevention Program and agree to provide complete and accurate testing information of backflow assemblies.

Signature

This publication can be made available in alternate formats (Braille, large print, computer diskette, or audiotape) upon request. Contact Planning and Development at (602) 262-7811 voice or (602) 534-5500 TTY.



1. Water Purveyor		2. Water Meter No.		3. Permit No.	
4. Manufacturer		4. Size	4. Model No.	4. Serial No.	
5. Management Company			5. Mgmt Company Contact Person		5. Phone
5. Management Company Address				5. City, State, Zip	
6. Owner			6. Owner Contact Person		6. Phone
6. Owner Address				6. City, State, Zip	
7. Backflow Assembly Address				7. Primary Business or Service at This Location	
7. Location of Assembly On-Site				8. New Assembly? <input type="checkbox"/> Yes <input type="checkbox"/> No Replacement Assembly? <input type="checkbox"/> Yes <input type="checkbox"/> No Serial Number _____	
9. Purpose: <input type="checkbox"/> Secondary/Containment <input type="checkbox"/> Primary/Point of Use			9A. <input type="checkbox"/> Fire System <input type="checkbox"/> Landscape <input type="checkbox"/> Potable/Domestic		
10. Type of Assembly: <input type="checkbox"/> SVB <input type="checkbox"/> PVB <input type="checkbox"/> DC <input type="checkbox"/> RP <input type="checkbox"/> Other _____				11. Line Pressure _____ Back Pressure? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	AIR INLET OPENED AT _____ PSID LEAKED <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. INITIAL TEST	1. CLOSED TIGHT <input type="checkbox"/> Yes <input type="checkbox"/> No _____ PSID 2. LEAKED <input type="checkbox"/> Yes <input type="checkbox"/> No	1. CLOSED TIGHT <input type="checkbox"/> Yes <input type="checkbox"/> No _____ PSID 2. LEAKED <input type="checkbox"/> Yes <input type="checkbox"/> No	OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/> Yes <input type="checkbox"/> No	CHECK VALVE HELD AT _____ PSID 2. LEAKED <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. REPAIRS Part numbers must be listed in Comments section.	CLEANED <input type="checkbox"/> Yes <input type="checkbox"/> No	CLEANED <input type="checkbox"/> Yes <input type="checkbox"/> No	CLEANED <input type="checkbox"/> Yes <input type="checkbox"/> No	CLEANED <input type="checkbox"/> Yes <input type="checkbox"/> No	
	REPLACED <input type="checkbox"/> Yes <input type="checkbox"/> No	REPLACED <input type="checkbox"/> Yes <input type="checkbox"/> No	REPLACED <input type="checkbox"/> Yes <input type="checkbox"/> No	REPLACED <input type="checkbox"/> Yes <input type="checkbox"/> No	
	RUBBER KIT	RUBBER KIT	RUBBER KIT	RUBBER KIT	
	DISC <input type="checkbox"/> Yes <input type="checkbox"/> No	DISC <input type="checkbox"/> Yes <input type="checkbox"/> No	DISC <input type="checkbox"/> Yes <input type="checkbox"/> No	DISC <input type="checkbox"/> Yes <input type="checkbox"/> No	
	SPRING <input type="checkbox"/> Yes <input type="checkbox"/> No	SPRING <input type="checkbox"/> Yes <input type="checkbox"/> No	SPRING <input type="checkbox"/> Yes <input type="checkbox"/> No	SPRING <input type="checkbox"/> Yes <input type="checkbox"/> No	
GUIDE <input type="checkbox"/> Yes <input type="checkbox"/> No	GUIDE <input type="checkbox"/> Yes <input type="checkbox"/> No	GUIDE <input type="checkbox"/> Yes <input type="checkbox"/> No	GUIDE <input type="checkbox"/> Yes <input type="checkbox"/> No		
OTHER <input type="checkbox"/> Yes <input type="checkbox"/> No	OTHER <input type="checkbox"/> Yes <input type="checkbox"/> No	OTHER <input type="checkbox"/> Yes <input type="checkbox"/> No	OTHER <input type="checkbox"/> Yes <input type="checkbox"/> No		
SHUT OFF VALVE # _____ <input type="checkbox"/> REPAIRED <input type="checkbox"/> REPLACED <input type="checkbox"/> BOTH OK					
FINAL TEST	1. CLOSED TIGHT <input type="checkbox"/> Yes <input type="checkbox"/> No _____ PSID	1. CLOSED TIGHT <input type="checkbox"/> Yes <input type="checkbox"/> No _____ PSID	OPENED AT _____ PSID REDUCED PRESSURE	AIR INLET _____ PSID CHECK VALVE _____ PSID	

THIS REPORT IS CERTIFIED TO BE TRUE.

Test Company Name	Test Company Address	Test Company Phone	
16. INITIAL TEST (IF FAILED) BY:	CERTIFIED TESTER NO.	DATE FAILED	TEST KIT SERIAL #
REPAIRED (IF NECESSARY) BY:	CERTIFICATION NO.		REPAIR DATE
FINAL TEST BY:	CERTIFIED TESTER NO.	DATE PASSED	TEST KIT SERIAL #

COMMENTS FOR 13, 14, & 15 (see instructions): _____

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Please follow these instructions when completing the Backflow Prevention Assembly Test Report.

1. Provide the name of the water purveyor; if unknown, ask the contact person.
2. Provide the water meter number. The number is stamped on the body of the meter.
3. Provide the plumbing permit number if this is a new assembly or replacement assembly.
4. Provide the backflow assembly information (manufacturer, size, model number, and serial number).
5. Provide management company name, address including zip code, contact person, and telephone number.
6. Provide the name of the owner and address, or owner's representative's address including zip, contact person and telephone number.
7. Provide assembly address, on-site location of assembly, and the primary business or service performed at this location.
8. Check the appropriate box to indicate whether the assembly is a new or existing assembly. If this assembly is a replacement for another assembly, provide the serial number of the assembly that was replaced.
9. Check the appropriate box to indicate whether the assembly is used for secondary or primary protection.
- 9A. Indicate what system on which the backflow preventer is installed (fire system, landscaping, or potable).
10. Circle the appropriate assembly to indicate what type of assembly is being tested; Spillproof Vacuum Breaker (SVB), Pressure Vacuum Breaker (PVB), Double Check Valve Assembly (DC), Reduced Pressure Principle Valve Assembly (RP), or "Other." The "Other" could be air gap. If "Other," please describe in the comments section.
11. Provide the line pressure at the time of the test.
12. Enter the initial test and/or observation results for the assembly tested. Different test procedures will require different information. The test procedures will indicate the proper entry.
13. Use the "Comments" area to describe any initial observations or repairs.
14. Indicate any repairs. List any replaced parts in the "Comments" area of the test form. Part numbers must be listed.

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15. Before testing a backflow assembly on a fire sprinkler system, check with the local jurisdiction on proper procedures and notify the alarm company responsible for monitoring the fire system. If there is no alarm company, notify the Fire Department. Enter the name of the alarm company or indicate that the Fire Department has been notified. These entries along with the name of the contact person, time, and date of notification go in the "Comment" area of the test form. Provide the time and date the fire system was taken off the line and when it was returned to service.
16. When the test is complete mark either passed or failed, sign and print your name, certification number, and test kit serial number. If it fails, write the date of failure, date of repair, date passed, certificate number, and test kit serial number.

Please be advised that the timely submission of accurate testing reports is an essential element in the smooth operation of the city of Phoenix Backflow Prevention Program. Inaccurate or incomplete reports will not be accepted. Reports lacking information or with inaccurate information will be returned to the tester for correction. In addition, the owner of the assembly will be notified that the backflow certification for their assembly is not acceptable for the stated reasons.

Email Backflow Prevention Assembly Test Reports / Backflow Tester Application to Backflow.Prevention@phoenix.gov or mail to:

City of Phoenix
Backflow Prevention Program
438 West Adams Street
Phoenix, Arizona 85003

If you have questions, need additional information, or would like to speak to someone in person, please call 602-534-2140 or Email at Backflow.Prevention@phoenix.gov.