City of Rio Rancho • 3200 Civic Center Circle NE • Suite 200 • Rio Rancho, NM 87144

UT-UTO-01.05 (E)

BACKFLOW PREVENTION TEST FORM

Customer Information

Business Name: _____ Water Meter #: _____

Rep. Name: _____ Rep. Phone: _____

Owner Name: _____ Owner Phone: _____

Physical Address: _____ _____ _____ _____

Address City State Zip

Current Assembly Information

Manufacturer: _____ Model: _____

Size: _____ Serial #: _____

Type of Service

- ☐ Containment
  - ☐ Domestic ☐ Fire Protection ☐ Irrigation
- ☐ Isolation
  - State equipment or system isolated: _____

Freeze Protected

- ☐ Yes
- ☐ No
- ☐ N/A

Specify Physical Location:

Removed Assembly Information

Manufacturer: _____

Model: _____

Size: _____

Serial #: _____

Test Gauge Information

Manufacturer: _____

Model: _____

Serial #: _____

Last Calibration: _____

Test Information

Test Type	RP	DC	Test Results
☐ Initial ☐ Annual ☐ Repair	CV1 AR _____ RV _____ CV2 Tight? ☐ Yes ☐ No CV1CR _____ CV2 _____ Buffer _____	CV1 _____ CV2 _____ ☐ PVB ☐ SVB AIV _____ CV _____	☐ Pass ☐ Fail

Comments/Repairs:

Technician Acknowledgement and Signature

I certify that I have tested the above assembly in accordance with the City of Rio Rancho Backflow Prevention and Cross Connection Control Ordinance, and that the information is accurate to the best of my abilities.

Tech. Signature: _____ Date: _____ Time: _____

Tech. Name: _____ Phone: _____ CRR #: _____

Employer: _____ E-mail: _____

Employer Address: _____ _____ _____ _____

Address City State Zip

SEND REPORTS TO

E-mail: waterprograms@rrnm.gov **Fax:** (505) 891-5201 **Call:** (505) 896-8816

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