

HAZARD ASSESSMENT / SURVEY

Water System Name

Backflow Prevention Program

Work Order

HOA Residential Commercial Completed By: _____ Date: _____

| BACKFLOW PREVENTER OWNER INFORMATION | | |
|--------------------------------------|--------|------|
| Name of Owner or Responsible Party: | | |
| House & Street: | | |
| City: | State: | Zip: |

| BACKFLOW PREVENTER INFORMATION | |
|-------------------------------------|---------|
| Address of Backflow Preventer: | |
| Location on Property (Description): | |
| Brand: | Model: |
| Size: | Serial: |

Purpose: Containment @ meter Isolation/Irrigation Other

Assembly Type: RP DC PVB Device Type: AVB DUAL

Hazard: Health Non Health

Are all four test cocks available? Yes No

Are both isolation gate valves available and operable? Yes No

Is the assembly or device located in an unusually difficult area? Yes No

Can the assembly be tested as it is currently installed? Yes No

If No, explain: _____

Last Test Done: _____ Test Done By: _____

Code violation? Yes No Uses culinary water for sprinklers? Yes No

Violation Description: _____

AVB Violation:

- The AVB is not installed six (6) inches above the downstream piping and outlets.
- The AVB has downstream valving
- The AVB is under continuous pressure (being used for more than 12 hours out of a 24 hour period).

Special Survey Request: _____