



City of Fort Wayne  
 Cross Connection Control & Backflow Prevention Program  
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## BACKFLOW PREVENTION DEVICE - TEST & MAINTENANCE REPORT FORM

Location/Site of Backflow Device (Not Billing Address)									
Property Name									
Service Address*		Street #	Street Prefix	Street Name					
City			State	IN	Zip Code	Business Type			
Contracted Service Provider Information									
Firm Name									
Firm Address									
City			State		Zip Code		Phone #		
E-mail:									
Existing Backflow Device Information <span style="float: right;"><input type="checkbox"/> Add Backflow Device    <input type="checkbox"/> Replacement Backflow Device</span>									
Serial #*					Serial #				
Manufacturer*					Manufacturer				
Model #*					Model #				
Device Size*					Device Size				
Location*					Location				
Type of Service Contained*		Test Measurements (Submit Results of the Initial Test and Final Test as Separate Entries)							
		AIR GAP: Inches Above Rim <input type="text"/>		Supply Size <input type="text"/>		AVB: Opened Fully?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Domestic Containment Service <input type="checkbox"/>		CHECK VALVE NO 1		CHECK VALVE NO 2		DIFFERENTIAL PRESSURE RELIEF VALVE		AIR INLET	
Fire Service and/or By-pass <input type="checkbox"/>		closed tight <input type="checkbox"/>		closed tight <input type="checkbox"/>		opened at psid <input type="text"/>		opened at psid <input type="text"/>	
Irrigation Service <input type="checkbox"/>		leaked <input type="checkbox"/>		leaked <input type="checkbox"/>		did not open <input type="checkbox"/>		check valve psid <input type="text"/>	
Secondary Isolation Service <input type="checkbox"/>		psid <input type="text"/>		psid <input type="text"/>		leaked <input type="checkbox"/>		leaked <input type="checkbox"/> closed <input type="checkbox"/>	
		cleaned <input type="checkbox"/>		cleaned <input type="checkbox"/>		cleaned <input type="checkbox"/>		cleaned <input type="checkbox"/>	
Device Type*		Comments (List Repair Details in Comments)							
RP <input type="checkbox"/> <input type="checkbox"/> PVB RPDA <input type="checkbox"/> <input type="checkbox"/> SVB DC <input type="checkbox"/> <input type="checkbox"/> AVB DCDA <input type="checkbox"/> <input type="checkbox"/> AIR GAP									
Test Status*		Certified Tester							
Passed <input type="checkbox"/>		Printed Name*			IDEM Certification #*				
Repaired & Passed <input type="checkbox"/>		Signature*							
Failed-Refused to Repair <input type="checkbox"/>		E-mail*							
Failed-Will Repair/Replace <input type="checkbox"/>		Phone #*							
		Test Date*							
		Test Kit #*			Calibration Date*				

All information contained hereon is certified to be accurate and true. No cross-connections or conditions that may potentially permit the backflow of contaminants and/or pollutants from a customer's piping system into the public water distribution system shall be permitted. Piping systems within the customer's premises shall conform in all respects to the latest revision of the Indiana Administrative Code, the Indiana Department of Environmental Management Cross Connection Control and Backflow Prevention Manual, and the Cross-Connection Regulation of the Fort Wayne Water Utility. Backflow prevention devices are to be tested upon installation and periodically thereafter per 327 IAC, IDEM 8-10 and the Cross-Connection Regulation of the Fort Wayne Water Utility. The device detailed hereon has been tested and maintained as required by the rules and regulations listed here. No warranty is given or implied.