

# BACKFLOW PREVENTION ASSEMBLY ANNUAL FIELD TEST REPORT PWSID - CO121150

**Return Reports To:**  
COLORADO SPRINGS UTILITIES  
Backflow Prevention Program  
OTTR Website:  
<https://bfpp.csu.org/xc2web/index.html>  
  
Office Hours: M-F, 7 a.m. - 3:30 p.m.  
PH: (719) 668-4388  
[crossconnection@csu.org](mailto:crossconnection@csu.org)

## OFFICIAL USE ONLY

LAST TESTED      LAST TEST STATUS

PASS       FAIL

<b>Facility Name</b>		<b>SPID</b>	
<b>Service Address</b>		<b>Meter No.</b>	
		<b>AMR No.</b>	
<b>Meter Location</b>	<b>Meter Also Serves</b>	<b>Return Report By</b>	
<b>Meter Description</b>		<b>Schedule Code</b>	
		<b>PM Schedule</b>	
<b>BFP Class</b>	<b>Service Type</b>	Replacement <input type="checkbox"/>	Correction <input type="checkbox"/>
<b>Assembly ID</b> 0	<b>Haz. Level</b>	<b>Type</b> <input type="checkbox"/>	
<b>Hazard Type</b>		<b>Size</b> <input type="checkbox"/>	
<b>Equip Location</b>		<b>Mfr</b> <input type="checkbox"/>	
		<b>Model</b> <input type="checkbox"/>	
<input type="checkbox"/> BFP Required	<input type="checkbox"/> Installed Outside	<input type="checkbox"/> Enclosure	<input type="checkbox"/> USC Approved
		<b>SN</b> <input type="checkbox"/>	

<b>COMMENTS</b>

### CERTIFICATION OF FIELD TEST REPORT

The undersigned certify this report is true and accurate and the backflow prevention assembly detailed above was tested this day, in accordance with all rules and regulations promulgated by the Authority Having Jurisdiction (AHJ).

Initial Test By (Signature)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tester Certification Number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	BFP Date Tested
Name (Please Print)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Area Code	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Phone Number