

BACKFLOW DEVICE TEST REPORT

Service Address _____

Name of Premises _____ Location of device _____

Device

Manufacturer Model Size Serial Number

Test Kit

Manufacturer Serial Number Date Calibrated

- RP
- DC
- PVB
- SPVB
- DCDA
- RPDA

Reduced Pressure Principle Assembly

Double Check Valve Assembly

Check Valve #1	Check Valve #2	Relief Valve	PVB/SPVB
Held at _____ PSID Leaked <input type="checkbox"/>	Backpressure test Closed tight <input type="checkbox"/> Leaked <input type="checkbox"/> In direction of flow Closed tight <input type="checkbox"/> _____ PSID Leaked <input type="checkbox"/>	Opened at _____ PSID Did not open <input type="checkbox"/>	Air inlet opened at _____ PSID Did not open <input type="checkbox"/> Check valve held at _____ PSID Leaked <input type="checkbox"/>

Line Pressure _____ PSI	No. 2 Shutoff Valve: Closed tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Backflow Device Passed <input type="checkbox"/> Failed <input type="checkbox"/>
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Date _____ Time _____ Certified Tester # _____

Test by (Signature) _____ Print Name _____

Your signature certifies that all information provided on this section is correct.

Comments: _____
