

BACKFLOW DEVICE TEST REPORT

Service Address _____

Name of Premises _____

Location of device _____

Device _____
Manufacturer

_____ Model

_____ Size

_____ Serial Number

Test Kit _____
Manufacturer

_____ Serial Number

_____ Date Certified

RP

DC

DCDA

RPDA

New installation

Line Pressure _____

Reduced Pressure Principle Assembly

| Relief Valve Opening Point | Check Valve # 2 Backpressure Test | Check Valve #1 | No. 2 Shutoff Valve | Check Valve #2 |
|---|--|---|--|---|
| Opened at _____ psid Did not open <input type="checkbox"/> | Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> | Held at _____ psid Leaked <input type="checkbox"/> | Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> | Held at _____ psid Leaked <input type="checkbox"/> |

Double Check Valve Assembly

| Check Valve # 2 Backpressure Test | Check Valve #1 | No. 2 Shutoff Valve | Check Valve #2 | Backflow Assembly Status |
|--|---|--|---|--|
| Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> | Held at _____ psid Leaked <input type="checkbox"/> | Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> | Held at _____ psid Leaked <input type="checkbox"/> | Passed <input type="checkbox"/> Failed <input type="checkbox"/> |

Date _____ Time _____ Certified Tester # _____

Test by (Signature) _____ Print Name _____

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

Comments: _____

BACKFLOW DEVICE REPAIR REPORT

| | |
|--|---|
| R E P A I R S | Cleaned <input type="checkbox"/> Replaced: (List all parts replaced) List any additional repair items not previously addressed: |
|--|---|

Date _____ Time _____ Certified Tester # _____

Repair by (Signature) _____ Print Name _____

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

| Reduced Pressure Principle Assembly | | | | |
|--|---------------------------------------|---------------------------------|---------------------------------------|---------------------------------|
| Relief Valve Opening Point | Check Valve # 2 Backpressure Test | Check Valve #1 | No. 2 Shutoff Valve | Check Valve #2 |
| Opened at _____ psid | Closed Tight <input type="checkbox"/> | Held at _____ psid | Closed Tight <input type="checkbox"/> | Held at _____ psid |
| Did not open <input type="checkbox"/> | Leaked <input type="checkbox"/> | Leaked <input type="checkbox"/> | Leaked <input type="checkbox"/> | Leaked <input type="checkbox"/> |

| Double Check Valve Assembly | | | | Backflow Assembly Status |
|---------------------------------------|---------------------------------|---------------------------------------|---------------------------------|---------------------------------|
| Check Valve # 2 Backpressure Test | Check Valve #1 | No. 2 Shutoff Valve | Check Valve #2 | |
| Closed Tight <input type="checkbox"/> | Held at _____ psid | Closed Tight <input type="checkbox"/> | Held at _____ psid | Passed <input type="checkbox"/> |
| Leaked <input type="checkbox"/> | Leaked <input type="checkbox"/> | Leaked <input type="checkbox"/> | Leaked <input type="checkbox"/> | Failed <input type="checkbox"/> |

Date _____ Time _____ Certified Tester # _____

Test by (Signature) _____ Print Name _____

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

Comments: _____
