



City of West Columbia
Bridging Past, Present and Future

Back Flow Device Test Report Form

Account Name/Business Name: _____ Date: _____

Account Address: _____

Account Number: _____ Meter Number: _____

Device Name: _____ Device Type: DC: _____ RPV: _____ Dual Check: _____

Model Number: _____ Serial Number: _____ Size: _____

Tested by (Print): _____ Device Location: _____

	Check No. 1		Check No. 2		Air-Inlet Valve or Relief Valve	#1 Gate or Ball (Circle One)	#2 Gate or Ball (Circle One)
Test before repairs	(Mark One) Leaked _____ Closed tight _____		(Mark One) Leaked _____ Closed tight _____		Opened at _____ lbs. Differential Pressure	(Mark One) Leaked _____ Closed tight _____	(Mark One) Leaked _____ Closed tight _____
	Diff Press		Diff Press				
Repair and New Materials							
Test After Repairs	(Mark One) Leaked _____ Closed tight _____		(Mark One) Leaked _____ Closed tight _____		Opened at _____ lbs. Differential Pressure	(Mark One) Leaked _____ Closed tight _____	(Mark One) Leaked _____ Closed tight _____
	Diff Press		Diff Press				

PASS _____ FAIL _____

Above data certified to be correct.

Tester Signature: _____ Certification Number: _____

Company Name: _____ Company Telephone Number: _____

Category: _____ General: _____ Limited: _____ Inspector Tester

Method of Testing: _____ Test Kit Used: _____

Comments: _____