

New Installation: \_\_\_\_\_

Replacement: \_\_\_\_\_

Existing: \_\_\_\_\_



### Backflow Device Test Report Form

*Incomplete or illegible forms will not be accepted.*

Account Name/Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Account Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Meter Number: \_\_\_\_\_

Type of Service: \_\_\_\_\_ Domestic \_\_\_\_\_ Irrigation \_\_\_\_\_ Fire Protection

Device Name: \_\_\_\_\_ Device Type: Double Check: \_\_\_\_\_ 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 (Mark One)	#2 Gate or Ball (MarkOne)
Test Before Repairs	(Mark One) Leaked _____ Closed Tight _____		(Mark One) Leaked _____ Closed Tight _____		Opened at _____ lbs.	(Mark One) Leaked _____ Closed Tight _____	(Mark One) Leaked _____ Closed Tight _____
	Diff Press		Diff Press		Differential Pressure		
Repair and New Materials							
Test After Repairs	(Mark One) Leaked _____ Closed Tight _____		(Mark One) Leaked _____ Closed Tight _____		Opened at _____ lbs.	(Mark One) Leaked _____ Closed Tight _____	(Mark One) Leaked _____ Closed Tight _____
	Diff Press		Diff Press		Differential Pressure		

**PASS** \_\_\_\_\_ **FAIL** \_\_\_\_\_

**Above data certified to be correct.**

Tester Signature: \_\_\_\_\_ Certification Number: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Category: \_\_\_\_\_ General \_\_\_\_\_ Limited \_\_\_\_\_ Inspector Tester

Method of Testing: \_\_\_\_\_ Test Kit Used: \_\_\_\_\_

Comments: \_\_\_\_\_