



BACKFLOW DEVICE TEST REPORT

Return No Later Than _____

Name of Premises _____
 Service Address _____
 Location of Device _____

Device _____
 Manufacturer _____ Model _____ Size _____ Serial No. _____

Line Pressure at Time of Test _____ lb. Pressure Drop Across First Check Valve _____ lb.

| | CHECK VALVE NO. 1 | CHECK VALVE NO. 2 | Differential Pressure-Relief Valve | |
|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| INITIAL TEST | 1. Leaked <input type="checkbox"/> 2. Closed Tight <input type="checkbox"/> | 1. Leaked <input type="checkbox"/> 2. Closed Tight <input type="checkbox"/> | 1. Opened at _____ lb. Reduced Pressure 2. Did Not Open <input type="checkbox"/> | |
| R E P A I R S | Cleaned <input type="checkbox"/> Replaced Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other, Describe <input type="checkbox"/> | Cleaned <input type="checkbox"/> Replaced Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other, Describe <input type="checkbox"/> | Cleaned <input type="checkbox"/> Replaced Disc, Upper <input type="checkbox"/> Disc, Lower <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm, Large Upper <input type="checkbox"/> Lower <input type="checkbox"/> Diaphragm, Small Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spacer, Lower <input type="checkbox"/> Other, Describe <input type="checkbox"/> | |
| | FINAL TEST | Closed Tight <input type="checkbox"/> | Closed Tight <input type="checkbox"/> | Opened at _____ lb. Reduced Pressure |

REMARKS: _____

The Above Report is Certified To Be True

Initial Test Performed By _____ of _____ Date _____

Repaired By _____ Date _____

Final Test Performed By _____ of _____ Date _____