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 □

### Reduced Pressure Principle Assembly

<table>
<thead>
<tr>
<th>Relief Valve Opening Point</th>
<th>Check Valve # 2 Backpressure Test</th>
<th>Check Valve #1</th>
<th>No. 2 Shutoff Valve</th>
<th>Check Valve #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opened at ______ psid</td>
<td>Closed Tight □</td>
<td>Held at ______ psid</td>
<td>Closed Tight □</td>
<td>Held at ______ psid</td>
</tr>
<tr>
<td>Did not open □</td>
<td>Leaked □</td>
<td>Leaked □</td>
<td>Leaked □</td>
<td>Leaked □</td>
</tr>
</tbody>
</table>

### Double Check Valve Assembly

<table>
<thead>
<tr>
<th>Check Valve # 2 Backpressure Test</th>
<th>Check Valve #1</th>
<th>No. 2 Shutoff Valve</th>
<th>Check Valve #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closed Tight □</td>
<td>Held at ______ psid</td>
<td>Closed Tight □</td>
<td>Held at ______ psid</td>
</tr>
<tr>
<td>Leaked □</td>
<td>Leaked □</td>
<td>Leaked □</td>
<td>Leaked □</td>
</tr>
</tbody>
</table>

Date ________________ Time ________________ Certified Tester # ________________

Test by (Signature) __________________________ Print Name __________________________

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

Comments: ________________________________________________________________

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