

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

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: _____
