

BACKFLOW DEVICE TEST REPORT FORM

Date: \_\_\_\_\_

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

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

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

Device Name: \_\_\_\_\_ Model Number: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Size: \_\_\_\_\_

Device Location: \_\_\_\_\_

Tested by (PRINT): \_\_\_\_\_

	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 _____	_____	(Mark One) Leaked _____	_____	Opened at _____ lbs. Differential Pressure	(Mark One) Leaked _____	(Mark One) Leaked _____
	Closed _____	_____	Closed _____	_____		Closed _____	Closed _____
	Diff Press	_____	Diff Press	_____			
Repairs and New Materials							
Test After Repairs	(Mark One) Leaked _____	_____	(Mark One) Leaked _____	_____	Opened at _____ lbs. Differential Pressure	(Mark One) Leaked _____	(Mark One) Leaked _____
	Closed _____	_____	Closed _____	_____		Closed _____	Closed _____
	Diff Press	_____	Diff Press	_____			

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: \_\_\_\_\_