

BACKFLOW DEVICE TEST REPORT FORM

Date: _____

Account Name / Business Name: _____

Account Address: _____
Street City State Zip Code

Account Number: _____

Meter Number: _____

Device Name: _____

Model Number: _____

Serial Number: _____

Size: _____

Type of Application (circle one): Domestic Fire Line Irrigation other

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

Above data certified to be correct

Tester Signature: _____

Certification Number: _____

Company Name: _____

Company Telephone Number: _____

Category (circle one): General Limited Inspector Tester

Method of Testing (circle one): Direction of flow Differential

Test Kits Used (circle one): Vertical Tube Differential Model

Comments:

