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 ☐   New installation ☐
DC ☐
DCDA ☐
RPDA ☐   **Line Pressure**

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 ☐	Closed Tight ☐ Leaked ☐	Held at _____ psid Leaked ☐	Closed Tight ☐ Leaked ☐	Held at _____ psid Leaked ☐

Double Check Valve Assembly				Backflow Assembly Status
Check Valve # 2 Backpressure Test	**Check Valve #1**	**No. 2 Shutoff Valve**	**Check Valve #2**	**Passed** ☐ **Failed** ☐
Closed Tight ☐ Leaked ☐	Held at _____ psid Leaked ☐	Closed Tight ☐ Leaked ☐	Held at _____ psid Leaked ☐	

Date_____   Time_____   Certified Tester #_____

Test by (Signature)_____   Print Name_____

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

Comments:

BACKFLOW DEVICE REPAIR REPORT

<table>
<tr><td rowspan="5">R E P A I R S</td><td>Cleaned ☐

Replaced: (List all parts replaced)

List any additional repair items not previously addressed:

</td></tr>
</table>

Date_____   Time_____   Certified Tester #_____

Repair by (Signature)_____   Print Name_____

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

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 ☐	Closed Tight ☐ Leaked ☐	Held at _____ psid Leaked ☐	Closed Tight ☐ Leaked ☐	Held at _____ psid Leaked ☐

Double Check Valve Assembly				Backflow Assembly Status
Check Valve # 2 Backpressure Test	**Check Valve #1**	**No. 2 Shutoff Valve**	**Check Valve #2**	
Closed Tight ☐ Leaked ☐	Held at _____ psid Leaked ☐	Closed Tight ☐ Leaked ☐	Held at _____ psid Leaked ☐	**Passed** ☐ **Failed** ☐

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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