

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	Closed Tight <input type="checkbox"/>	Held at _____ psid	Closed Tight <input type="checkbox"/>	Held at _____ psid
Did not open <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>

Double Check Valve Assembly				Backflow Assembly Status
Check Valve # 2 Backpressure Test	Check Valve #1	No. 2 Shutoff Valve	Check Valve #2	
Closed Tight <input type="checkbox"/>	Held at _____ psid	Closed Tight <input type="checkbox"/>	Held at _____ psid	Passed <input type="checkbox"/> Failed <input type="checkbox"/>
Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <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: _____

