



Reliable. Neighborly. Service.

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

The above data certified to be correct.

Tester Signature: _____ Certification Number: _____

Company Name: _____ Company Number: _____

Category: _____ General _____ Limited _____ Inspector Tester _____

Method of Testing: _____ Test Kit Used: _____

Comments: _____
