



**BACKFLOW DEVICE TEST REPORT FORM**

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

Business Name: \_\_\_\_\_

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

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

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

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

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

Type of Line: Domestic  Irrigation  Fire Line  Fire Line Bypass  Other

	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 <input type="checkbox"/> Closed Tight <input type="checkbox"/> Diff Press	(mark one) Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Diff Press	Opened at _____ lbs. Differential Pressure	(mark one) Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>	(mark one) Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>
Repairs and New Materials					
Test After Repairs	(mark one) Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Diff Press	(mark one) Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Diff Press	Opened at _____ lbs. Differential Pressure	(mark one) Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>	(mark one) Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>

Tester Signature: \_\_\_\_\_ Certification Number: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Telephone: \_\_\_\_\_

Category: General  Limited  Inspector Tester

Method of Testing: \_\_\_\_\_ Test Kit Used: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_