



Backflow Prevention Device Test Report

Business/Service Name:	
Service Location:	
Owner Name:	
Mailing Address:	City: Zip:
Contact Name:	Phone #:
Email:	

Manufacturer _____ Model _____ Size _____ Serial # _____

Device Location _____

☐ New Device ☐ Temporary ☐ Replacement—Old Device # _____ ☐ Fire ☐ Irrigation ☐ Domestic

Test reports must be submitted no later than 10 days from test date.

Reduced Pressure Principle Assembly				RP <input type="checkbox"/> DCDA <input type="checkbox"/> DC <input type="checkbox"/> RPDA <input type="checkbox"/> SVB <input type="checkbox"/> PVB <input type="checkbox"/>
Double Check Valve Assembly				
	Check Valve #1	Check Valve #2	Relief Valve	PVD/SVB
Initial Test	Held at _____ PSID <input type="checkbox"/> Leaked	Held at _____ PSID <input type="checkbox"/> Closed tight <input type="checkbox"/> Leaked	Opened at _____ PSID <input type="checkbox"/> Did not open	AIR INLET Opened at _____ PSID <input type="checkbox"/> Did not open
Repairs	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced ___ Disc ___ Spring ___ Guide ___ Seat ___ Module ___ O-Ring ___ Other	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced ___ Disc ___ Spring ___ Guide ___ Seat ___ Module ___ O-Ring ___ Other	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced ___ Disc ___ Spring ___ Guide ___ Seat ___ Module ___ O-Ring ___ Other	CHECK VALVE <input type="checkbox"/> Held at _____ PSID <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced Type: _____ Mfg: _____
Final Test	<input type="checkbox"/> Closed Tight _____ PSID	<input type="checkbox"/> Closed Tight _____ PSID	Opened at _____ PSID	Air Inlet _____ PSID Check Valve _____ PSID

Notify the Public Works Department if repairs/replacement cannot be made within 14 business days. Failure to report or make necessary repairs/replacements in a timely manner may result in a disconnection of water service until such repairs/replacements are made.

Comments: _____

Initial Test	Date: _____ Time: _____	Results: <input type="checkbox"/> Passed <input type="checkbox"/> Failed
	Tested by: _____	
Repair	Date: _____ Time: _____	Results: <input type="checkbox"/> Passed <input type="checkbox"/> Failed
	Tested by: _____	
Final Test	Date: _____ Time: _____	Results: <input type="checkbox"/> Passed <input type="checkbox"/> Failed
	Tested by: _____	

I certify all information on this report is true and accurate, acknowledging that incomplete reports will not be accepted.

Firm Name _____ Cert # _____ Test Kit Serial # _____

Tester Signature _____ Phone _____