Backflow Device Test Report

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Name: _____ Meter #: _____

Address: _____ Account #: _____

Backflow Type (Select One): ☐RP ☐RPDA ☐DC ☐DCDA ☐PVB

Make: _____ Serial #: _____

Model: _____ Size: _____

First Test	Tight	Leaked	PSID	Relief Valve Opened At:
#1 Check Valve	_ _	__ __	_____	_____
				Air Inlet Valve Opened At:
#2 Check Valve	____	__ _	_____	_____

Assembly Test Report: _ _ Passed _ _Failed Date: _____

Repairs Made:

Final Test	Tight	Leaked	PSID	Relief Valve Opened At:
#1 Check Valve	_ _	_ __	_____	_____
				Air Inlet Valve Opened At:
#2 Check Valve	____	_____	_____	_____

Assembly Test Report: _ _ Passed _____Failed Date: _____

Comments:

_____

_____

Tested By (Print name): _____ Certificate #: _____

Signature : _____ Date: _____

Contact Phone #:_____

Clear Backflow Details