

BACKFLOW DEVICE TEST REPORT

CONSUMER: RETURN THIS REPORT TO THE ABOVE ADDRESS NO LATER THAN: _____

Name of Premises (Company, Person, etc.) _____

Service Address _____	City _____	State _____	Zip _____
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Location of Device _____

Device Type _____	Manufacturer _____	Serial No. _____	Model No. _____	Size _____
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NOTE: Final Slots to be Filled in Only if Device in Disrepair and is Retested

Line Pressure at Time of Test _____ PSI (at inlet test cock)	Date Installed _____	Detector Assemblies _____
Apparent Pressure Drop _____ PSID Across First Check Valve	Date Rebuilt _____	Meter # _____
Relief Valve Opened at _____ PSID		Reading _____
Difference _____ PSID		

		Check Valves		Air Inlet (Pressure Vacuum Breaker)	Differential Pressure Relief Valve	Shut Off Valves	
		#1	#2			#1	#2
INITIAL	Pressure Loss			<input type="checkbox"/> Opened at _____ PSID	Opened at _____ PSID		
	1. Leaked <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Did Not Open	Did Not Open <input type="checkbox"/>	1. Leaked _____ <input type="checkbox"/>	<input type="checkbox"/>
	2. Closed Tight <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			2. Closed Tight _____ <input type="checkbox"/>	<input type="checkbox"/>
REPAIRS	Cleaned <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned _____ <input type="checkbox"/>	<input type="checkbox"/>
	Replaced: Disc <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Replaced: Disc <input type="checkbox"/>	Replaced: Disc <input type="checkbox"/>	Replaced _____ <input type="checkbox"/>	<input type="checkbox"/>
	Spring <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spring <input type="checkbox"/>	Upper <input type="checkbox"/>		
	Guide <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seat <input type="checkbox"/>	Lower <input type="checkbox"/>		
	Pin Retainer <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Spring <input type="checkbox"/>		
	Hinge Pin <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Float <input type="checkbox"/>	Diaphragm <input type="checkbox"/>		
	Seat <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Large: Upper <input type="checkbox"/>		
Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other <input type="checkbox"/>	Lower <input type="checkbox"/>	Other: _____ <input type="checkbox"/>	<input type="checkbox"/>	
				Small: Upper <input type="checkbox"/>			
				Lower <input type="checkbox"/>			
				Seat <input type="checkbox"/>			
				Upper <input type="checkbox"/>			
				Lower <input type="checkbox"/>			
				Spacer <input type="checkbox"/>			
				Other: _____			
FINAL TEST	Closed Tight <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Opened at _____ PSID	Opened at _____ PSID	Closed Tight _____ <input type="checkbox"/>	<input type="checkbox"/>

Prevents backflow from:	Lawn Irrigation <input type="checkbox"/>	Fire Protection <input type="checkbox"/>
	Domestic Usage <input type="checkbox"/>	Boiler <input type="checkbox"/>

Remarks: _____

Other (explain) _____

Initial test performed by: (Please Print) _____	Company _____	BFD T Cert. No. _____	Date of Testing _____
(Signature) _____		Expiration Date _____	
Repaired by (Please Print) _____	Company _____	BFD T Cert. No. _____	Date of Repair _____
(Signature) _____		Expiration Date _____	
Final test performed by (Please Print) _____	Company _____	BFD T Cert. No. _____	Date of Testing _____
(Signature) _____		Expiration Date _____	