



BACKFLOW PREVENTION DEVICE TEST REPORT

Service Address _____

Account Number	Work Order Number	Meter Number
Mailing Address:		Device Information
		Type: Size: Model: Serial Number: Manufacturer:

REPORT OF TEST RESULTS

	Reduced Pressure Assembly			Pressure/Spill Resistant Vacuum Breaker	Shut Off Valve
	Double Check Valve		Diff. Pressure Relief Valve		
INITIAL TEST	Check Valve No. 1	Check Valve No. 2	Opened At _____ Opened Under 2 PSID Or Did Not Open <input type="checkbox"/>	Air Inlet Opened At _____ Did Not Open <input type="checkbox"/>	No. 1 Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>
		Closed Tight <input type="checkbox"/> PSID _____ Leaked <input type="checkbox"/>		Closed Tight <input type="checkbox"/> PSID _____ Leaked <input type="checkbox"/>	
R E P A I R S	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	VALVE NO. _____
	REPLACED:	REPLACED:	REPLACED:	REPLACED:	CLEANED <input type="checkbox"/>
	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	Air Inlet Disc <input type="checkbox"/>	REPLACED <input type="checkbox"/>
	O-Ring(s) <input type="checkbox"/>	O-Ring(s) <input type="checkbox"/>	O-Ring(s) <input type="checkbox"/>	Check Disc <input type="checkbox"/>	REPLACE WITH
	Poppet <input type="checkbox"/>	Poppet <input type="checkbox"/>	Diaphragm(s) <input type="checkbox"/>	Air Inlet Spring <input type="checkbox"/>	Type: _____
	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Check Spring <input type="checkbox"/>	Mfg: _____
	Guide <input type="checkbox"/>	Guide <input type="checkbox"/>	Stem <input type="checkbox"/>	OTHER <input type="checkbox"/>	
	Seat <input type="checkbox"/>	Seat <input type="checkbox"/>	Seat(s) <input type="checkbox"/>		
Module <input type="checkbox"/>	Module <input type="checkbox"/>	Retainer <input type="checkbox"/>			
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>			
FINAL TEST	Closed Tight <input type="checkbox"/> PSID _____	Closed Tight <input type="checkbox"/> PSID _____	Opened At _____ PSID	Air Inlet _____ PSID Chk. Valve _____ PSID	Both Valves Closed Tight <input type="checkbox"/>

THE ABOVE REPORT IS CERTIFIED TO BE TRUE

INITIAL TEST BY _____ CERTIFIED TESTER NO. _____ DATE _____

REPAIRS/FINAL TEST BY _____ CERTIFIED TESTER NO. _____ DATE _____

COMMENTS: _____

PASS	<input type="checkbox"/>
FAIL	<input type="checkbox"/>