

### BACKFLOW PREVENTER TEST REPORT

Location Address and Business Name:

Testing Firm:

\_\_\_\_\_

\_\_\_\_\_

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

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

Phone: \_\_\_\_\_

**PLEASE VERIFY THIS INFORMATION**

Make Model of Device		Size		Serial No.	
Location Of Device		Last Tested		Test Freq.	
RPZ TEST	TEST NO. 1 CHECK VALVE NO.	TEST NO. 2 CHECK VALVE NO.	PRESS. DIFF. ACROSS NO. 1 CHECK	PRESS. DIFF. WHEN RELIEF VALVE OPENS	DOWNSTREAM GATE VALVE
TEST RESULTS BEFORE REPAIR	____ LEAKED ____ CLOSED	____ LEAKED ____ CLOSED	____ PSID	____ PSID	____ LEAKED ____ CLOSED TIGHT
DESCRIBE REPAIR (COMMENT)	DATE: COMMENT:		DATE: COMMENT:		
FINAL TEST RESULTS	____ LEAKED ____ CLOSED	____ LEAKED ____ CLOSED	____ PSID	____ PSID	STRAINER ____ LEAKED ____ CLOSED
MATERIALS USED					
<b>PRESSURE VACUUM BREAKERS</b>			<b>DOUBLE CHECK VALVES</b>		
PVB TEST	TEST NO. 1 AIR POPPET	TEST NO. 2 CHECK VALVE	DCV TEST		
TEST RESULTS	____ OPENED ____ STUCK	____ CLOSED ____ LEAKED	TEST RESULTS	____ CLOSED ____ LEAKED	____ CLOSED ____ LEAKED
DESCRIBE REPAIR (COMMENT)	DATE: COMMENT:		DATE: COMMENT:		
FINAL TEST RESULTS	____ OPENED ____ STUCK	____ CLOSED ____ LEAKED	FINAL TEST RESULTS	____ CLOSED ____ LEAKED	____ CLOSED ____ LEAKED

**CERTIFICATION: I HEREBY CERTIFY THE FOREGOING DATA TO BE CORRECT AND THAT THE TESTED DEVICE IS FUNCTIONING WITHIN THE LIMITS OF STANDARDS.**

TESTER'S NAME (PRINT): \_\_\_\_\_

CERTIFICATION NUMBER \_\_\_\_\_

TESTER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_