

BACKFLOW TEST REPORT

OFFICIAL USE ONLY
FID: _____

Name of Premises: _____

Contact Person: _____

Phone #: (____) _____ - _____ Email: _____

Service Address: _____

Mailing Address: _____

Device Location: _____

BACKFLOW ASSEMBLY:
Size: _____
Brand: _____
Type: _____
Model: _____
Serial #: _____
Orientation: _____

New Device? Yes No *Replaced Device S/N #: _____

System Pressure: _____ psi

	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve (RP)	Pressure Vacuum Breaker (PBV)
Initial Test	Held at: _____ psid 1. Leaked / Failed <input type="checkbox"/> 2. Closed Tight / Passed <input type="checkbox"/>	Held at: _____ psid 1. Leaked / Failed <input type="checkbox"/> 2. Closed Tight / Passed <input type="checkbox"/>	Opened at: _____ psid 1. Opened <u>under</u> 2 lbs. psi or did not open (Failed) <input type="checkbox"/> 2. Passed <input type="checkbox"/>	Air Poppet Opened at: _____ psid Check Valve Held at: _____ psid 1. Failed <input type="checkbox"/> 2. Passed <input type="checkbox"/>
Repairs	Cleaned / Flushed <input type="checkbox"/> Replaced: Rubber Gasket: <input type="checkbox"/> Large O-Ring Seal: <input type="checkbox"/> Spring: <input type="checkbox"/> Guide: <input type="checkbox"/> Seat: <input type="checkbox"/> Entire Check Valve Assembly with gaskets & springs: <input type="checkbox"/> Other _____ <input type="checkbox"/>	Cleaned / Flushed <input type="checkbox"/> Replaced: Rubber Gasket: <input type="checkbox"/> Large O-Ring Seal: <input type="checkbox"/> Spring: <input type="checkbox"/> Guide: <input type="checkbox"/> Seat: <input type="checkbox"/> Entire Check Valve Assembly with gaskets & springs: <input type="checkbox"/> Other _____ <input type="checkbox"/>	Cleaned / Flushed <input type="checkbox"/> Replaced: Diaphragm: <input type="checkbox"/> O-Ring Seals: <input type="checkbox"/> Spring: <input type="checkbox"/> Disc: <input type="checkbox"/> Seat(s): <input type="checkbox"/> Entire Relief Valve Assembly with gaskets, o-rings & springs: <input type="checkbox"/> Other _____ <input type="checkbox"/>	Cleaned / Flushed <input type="checkbox"/> Replaced: Rubber Gasket: <input type="checkbox"/> Spider Guide: <input type="checkbox"/> Check Valve Spring: <input type="checkbox"/> Seat: <input type="checkbox"/> Large O-Ring Seal: <input type="checkbox"/> Entire Air Poppet Bonnet Assembly with gaskets & springs: <input type="checkbox"/> Other _____ <input type="checkbox"/>
Final Test	Held at: _____ psid 1. Still Leaked / Failed <input type="checkbox"/> 2. Closed Tight / Passed <input type="checkbox"/>	Held at: _____ psid 1. Still Leaked / Failed <input type="checkbox"/> 2. Closed Tight / Passed <input type="checkbox"/>	Opened at: _____ psid 1. Opened <u>under</u> 2 lbs. psi or did not open (Still Failed) <input type="checkbox"/> 2. Passed <input type="checkbox"/>	Air Poppet Opened at: _____ psid Check Valve Held at: _____ psid 1. Still Failed <input type="checkbox"/> 2. Passed <input type="checkbox"/>

"Bleed-Off" Assembly / Compensator Used During Test? Yes No If Yes; which shut-off valve was leaking? #1 #2

Initially Tested By: _____ **BAT Cert#:** _____ Date: _____
(Please Print Name)

Repaired By: _____ **BAT Cert#:** _____ Date: _____
(Please Print Name)

Final Test By: _____ **BAT Cert#:** _____ Date: _____
(Please Print Name)

Air Gap Provided? Yes No

Water Service Restored? Yes No