

# BACKFLOW TEST REPORT

<b>OFFICIAL USE ONLY</b>
FID: _____
<b>Hazard Type</b>
Irrigation Boiler Fire System Domestic Beverage
<b>BACKFLOW ASSEMBLY:</b>
Size: _____
Brand: _____
Type: _____
Model: _____
Serial #: _____
Orientation: _____

Name of Premises: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone #: ( ) - Email: \_\_\_\_\_

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

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

Device Location: \_\_\_\_\_

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

PBV Meets Height Requirement: Yes No

System Pressure: \_\_\_\_\_ psi

	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve (RP)	Pressure Vacuum Breaker (PBV)
<b>Initial Test</b>	Held at: _____ psid 1. Leaked / <b>Failed</b> <input type="checkbox"/> 2. Closed Tight / <b>Passed</b> <input type="checkbox"/>	Held at: _____ psid 1. Leaked / <b>Failed</b> <input type="checkbox"/> 2. Closed Tight / <b>Passed</b> <input type="checkbox"/>	Opened at: _____ psid 1. Opened <u>under</u> 2 lbs. psi or did not open ( <b>Failed</b> ) <input type="checkbox"/> 2. <b>Passed</b> <input type="checkbox"/>	Air Poppet Opened at: _____ psid Check Valve Held at: _____ psid 1. <b>Failed</b> <input type="checkbox"/> 2. <b>Passed</b> <input type="checkbox"/>
<b>Repairs</b>	<b>Cleaned / Flushed</b> <input type="checkbox"/> <b>Replaced:</b> 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"/>	<b>Cleaned / Flushed</b> <input type="checkbox"/> <b>Replaced:</b> 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"/>	<b>Cleaned / Flushed</b> <input type="checkbox"/> <b>Replaced:</b> 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"/>	<b>Cleaned / Flushed</b> <input type="checkbox"/> <b>Replaced:</b> 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"/>
<b>Final Test</b>	Held at: _____ psid 1. Still Leaked / <b>Failed</b> <input type="checkbox"/> 2. Closed Tight / <b>Passed</b> <input type="checkbox"/>	Held at: _____ psid 1. Still Leaked / <b>Failed</b> <input type="checkbox"/> 2. Closed Tight / <b>Passed</b> <input type="checkbox"/>	Opened at: _____ psid 1. Opened <u>under</u> 2 lbs. psi or did not open ( <b>Still Failed</b> ) <input type="checkbox"/> 2. <b>Passed</b> <input type="checkbox"/>	Air Poppet Opened at: _____ psid Check Valve Held at: _____ psid 1. <b>Still Failed</b> <input type="checkbox"/> 2. <b>Passed</b> <input type="checkbox"/>

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

Comments:

Test Kit Serial #: \_\_\_\_\_

Calibration Date: \_\_\_\_\_

Initially Tested By: \_\_\_\_\_  
(Please Print Name)

**BAT Cert#:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Repaired By: \_\_\_\_\_  
(Please Print Name)

**BAT Cert#:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Final Test By: \_\_\_\_\_

**BAT Cert#:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Air Gap Provided?  Yes  No

Water Service Restored?  Yes  No