

Backflow Prevention Assembly Test Report

Service Address

Location:

Test Due

Check if Correct

Corrections

Serial #: _____

Mfg: _____

Model: _____

Type: _____

Size: _____

BFID: _____ LID: _____

Mailing Address

Existing
New

Removed
Replaced

Commercial
Residential

Municipal
Industrial

Domestic
Irrigation

Fire
Bypass

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Initial Test
Date _____
Time _____
Pass Fail

Check Valve #1
Leaked
Closed Tight
Held at _____ PSID

Check Valve #2
Leaked
Closed Tight
Held at _____ PSID

Relief Valve
Did not Open
Opened at _____ PSID

AIR INLET
Did not Open
Opened at _____ PSID
CHECK VALVE
Leaked
Held at _____ PSID

Repairs
Date _____
Time _____

Cleaned
Rubber Kit _____
Rebuild
Replaced _____
Other

Final Test
Date _____
Time _____
Pass Fail

Closed Tight
Held at _____ PSID

Closed Tight
Held at _____ PSID

Opened at _____ PSID

AIR INLET
Opened at _____ PSID
CHECK VALVE
Held at _____ PSID

Comments

I certify all information on this report is true and accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Certification # _____ Expiration Date _____

I certify that I am state fire marshall certified to test backflow assemblies installed on fire lines.

Fire Tester _____ Certification # _____ Expiration Date _____

Company _____ Phone _____

Address _____

Test Kit Serial # _____ Calibration Date _____

Signature _____ Date _____

