

Backflow Prevention Device Inspection and Testing Report

Must be completed legibly and must be submitted to Development Services within 14 days of test

PROPERTY INFORMATION

Address of Property:			
Owner's Name & Mailing Address:		Phone:	
Tenant (if applicable):		Phone:	

TESTER INFORMATION

Company Name & Mailing Address:		Phone:	
Individual's Name:		Test Gauge Serial No:	
Certificate Number:		Date of Last Calibration:	

DEVICE INFORMATION

Location of Device:			
Type:	<input type="checkbox"/> RP <input type="checkbox"/> DCVA <input type="checkbox"/> PVB	Line Pressure:	
Make:		Size:	
Model:		Serial No.:	

TEST INFORMATION

Date of Test: **Passed** **Failed** (provide comments)
Type of Test: **Initial** **Annual** **Re-Test**

Reduced Pressure Principle Assembly

Check Valve #1	Check Valve #2	Diff. Press. Relief Valve	Shut Off Valve #2
<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Failed to Open	<input type="checkbox"/> Leaked
<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Opened at <input type="text"/> psi	<input type="checkbox"/> Closed Tight
Press. Diff #1 Check <input type="text"/> psi	Press. Diff #2 Check <input type="text"/> psi		

Double Check Valve Assembly

Check Valve #1	Check Valve #2	Shut Off Valve #2
<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked
<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight
Pressure Diff #1 Check <input type="text"/> psi	Pressure Diff #2 Check <input type="text"/> psi	

Pressure Vacuum Breaker

Air Inlet Valve	Check Valve
<input type="checkbox"/> Failed to Open	<input type="checkbox"/> Leaked
<input type="checkbox"/> Opened at <input type="text"/> psi	<input type="checkbox"/> Closed Tight
Press. Diff. Across Check <input type="text"/> psi	

Tester's Name (Print): _____

Tester's Signature: _____

Date: _____