



Water Co. Copy

Backflow Prevention Test Report

service address:

Due back:

Serv Class:

Meter #:

PREM No.:

Test Month:

Device Information (Replacement? Y N)

Size Mfr
Type Model

Serial No.
Location:

Test Gauge Information (required)

Serial No. _____
Last calibrated _____

Reduced Pressure Devices			Pressure Vacuum Breaker	
Double Check Devices			Air Inlet	Check Valve
1st check	2nd check	Relief valve		
___ Closed tight RP ___ psid	___ Closed tight	Opened at ___ psid	Opened at ___ psid	___ psid
Condition of No. 2 control valve:			<input type="checkbox"/> Closed tight <input type="checkbox"/> Leaked	
Air Gap: <input type="checkbox"/> Pass <input type="checkbox"/> Fail				

Results:	Initial (fail)	Final (pass)
Tester #		
Name:		
Sign:		
Date:		
Repairs:		



Customer Copy

Backflow Prevention Test Report

service address:

Due back:

Serv Class:

Meter #:

PREM No.:

Test Month:

Device Information (Replacement? Y N)

Size Mfr
Type Model

Serial No.
Location:

Test Gauge Information (required)

Serial No. _____
Last calibrated _____

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Double Check Devices			Air Inlet	Check Valve
1st check	2nd check	Relief valve		
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Condition of No. 2 control valve:			<input type="checkbox"/> Closed tight <input type="checkbox"/> Leaked	
Air Gap: <input type="checkbox"/> Pass <input type="checkbox"/> Fail				

Results:	Initial (fail)	Final (pass)
Tester #		
Name:		
Sign:		
Date:		
Repairs:		



Tester Copy

Backflow Prevention Test Report

service address:

Due back:

Serv Class:

Meter #:

PREM No.:

Test Month:

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Results:	Initial (fail)	Final (pass)
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Name:		