

BACKFLOW DEVICE TEST REPORT FORM

				Date:				
Account Na	me/Business Na	ame:						
Account Ado	dress:							
				Meter Number:				
Device Name:				Model Number:				
Serial Number			Size:_					
Device Loca	ition:							
	Check	No. 1	Check	No. 2	Air-Inlet Valve	#1 Gate or Ball	#2 Gate or Ball	
	Carcea	1,0,1	Cacca	110.2	or Relief Valve	(Circle One)	(Circle One)	
Test Before Repairs	(Mark Leaked Closed	One)	(Mark Leaked Closed	One)	Opened at lbs. Differential	(Mark One) Leaked Closed	(Mark One) Leaked Closed	
	Tight		Tight		Pressure	Tight	Tight	
Repairs and New Materials	Diff Press		Diff Press					
Test After Repairs	(Mark Leaked Closed Tight	One)	(Mark Leaked Closed Tight	One)	Opened atlbs. Differential Pressure	(Mark One) Leaked Closed Tight	(Mark One) Leaked Closed Tight	
	Diff Press		Diff Press					
	certified to be c			_Certifica	ation Number:			
Company Na	ame:			_Compan	y Telephone Numb	er:		
ategory:General			LimitedInspector Tester:					
Method of T	esting:				Test Kit U	sed:		
Comments:								