

**CERTIFIED BACKFLOW TEST**

PERMIT # \_\_\_\_\_

LOCATION ID # \_\_\_\_\_

DATE OF TEST \_\_\_\_\_

MANUFACTURER \_\_\_\_\_

SERIAL # \_\_\_\_\_

METER # \_\_\_\_\_

MODEL # \_\_\_\_\_

SIZE \_\_\_\_\_

LOCATION OF DEVICE \_\_\_\_\_

NAME OF PREMISE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CHECK VALVE #1	RELIEF VALVE	CHECK VALVE #2	PRESSURE VACUUM
Leaked <input type="radio"/> Closed Tight <input type="radio"/> Diff. Pressure across check valve _____ psi	Opened at _____ psi  Did not open <input type="radio"/>	Leaked <input type="radio"/> Closed Tight <input type="radio"/> Diff. Pressure across check valve _____ psi	Air inlet opened <input type="radio"/> at _____ lbs. <input type="radio"/> Did not Open <input type="radio"/> Check valve leaked held at _____
Cleaned Only <input type="radio"/> Replaced: Rubber Kit <input type="radio"/> CV Assembly <input type="radio"/> or Disc <input type="radio"/> O-Rings <input type="radio"/> Seal <input type="radio"/> Spring <input type="radio"/> Stem / Guide <input type="radio"/> Retainer <input type="radio"/> Lock Nuts <input type="radio"/> Other <input type="radio"/>	Cleaned Only <input type="radio"/> Replaced: Rubber Kit <input type="radio"/> RV Assembly <input type="radio"/> or Disc <input type="radio"/> Diaphragm(s) <input type="radio"/> Seal <input type="radio"/> Spring <input type="radio"/> Guide <input type="radio"/> O-Rings <input type="radio"/> Other <input type="radio"/>	Cleaned Only <input type="radio"/> Replaced: Rubber Kit <input type="radio"/> CV Assembly <input type="radio"/> or Disc <input type="radio"/> O-Rings <input type="radio"/> Seal <input type="radio"/> Spring <input type="radio"/> Stem / Guide <input type="radio"/> Retainer <input type="radio"/> Lock Nuts <input type="radio"/> Other <input type="radio"/>	Cleaned Only <input type="radio"/> Replaced: Rubber Kit <input type="radio"/> CV Assembly <input type="radio"/> or Disc, <input type="radio"/> Air Assembly <input type="radio"/> Disc, CV <input type="radio"/> Spring <input type="radio"/> Retainer <input type="radio"/> Guide <input type="radio"/> O-Rings <input type="radio"/> Other <input type="radio"/>
Diff. Pressure across check valve _____ psi	Opened at _____ psi	Diff. Pressure across check valve _____ psi	Air inlet _____ Check Valve _____

**NOTE: All repairs / replacements shall be completed within ten (10) days.**

REMARKS: \_\_\_\_\_

**I hereby certify that this data is accurate and reflects the proper operation and maintenance of the unit.**

Certified Testing Company: \_\_\_\_\_ Test Equipment Used \_\_\_\_\_

Passed \_\_\_\_\_ Failed - Repair Needed \_\_\_\_\_ Exp. Date \_\_\_\_\_

Initial Test By \_\_\_\_\_ Date Repaired \_\_\_\_\_

Final Test By \_\_\_\_\_ Certified Tester No. \_\_\_\_\_

Signature \_\_\_\_\_