



# BACKFLOW DEVICE TEST REPORT FORM

Date: \_\_\_\_\_

**Cross Connection Category:** Domestic   Irrigation   Fire Line   Other

Account Name/Business Name: \_\_\_\_\_

Account Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Meter Number: \_\_\_\_\_

Device Name: \_\_\_\_\_ Model Number: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Size: \_\_\_\_\_

Device Location: \_\_\_\_\_

Tested by (PRINT): \_\_\_\_\_

	Check No. 1	Check No. 2	Air-Inlet Valve or Relief Valve	#1 Gate or Ball (Circle One)	#2 Gate or Ball (Circle One)
Test Before Repairs	(Mark One) Leaked _____  Closed Tight _____  Diff Press	(Mark One) Leaked _____  Closed Tight _____  Diff Press	Opened at _____ lbs. Differential Pressure	(Mark One) Leaked _____  Closed Tight _____	(Mark One) Leaked _____  Closed Tight _____
Repairs and New Materials					
Test After Repairs	(Mark One) Leaked _____  Closed Tight _____  Diff Press	(Mark One) Leaked _____  Closed Tight _____  Diff Press	Opened at _____ lbs. Differential Pressure	(Mark One) Leaked _____  Closed Tight _____	(Mark One) Leaked _____  Closed Tight _____

Above data certified to be correct

Tester Signature: \_\_\_\_\_ Certification Number: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Phone: \_\_\_\_\_

Category: \_\_\_\_\_ General \_\_\_\_\_ Limited \_\_\_\_\_ Inspector Tester

Method of Testing: \_\_\_\_\_ Test Kit Used: \_\_\_\_\_

Comments: \_\_\_\_\_

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