



NOT TO BE COMPLETED BY RESIDENT/PROPERTY OWNER

## BACKFLOW PREVENTER TEST REPORT

Account #

Faxed number of pages.

PAGE \_\_\_\_ OF \_\_\_\_

Device Last Tested>

Property Occupant <input type="checkbox"/>		Contact Person	
Property Address		City	State
Office Phone No.		Fax	Zip
Property Contact Co <input type="checkbox"/>	Contact Person		
Mailing Address	City	State	
Office Phone No.	Fax	Zip	
E-Mail Address			
Manufacturer & Model <input type="checkbox"/>		Other I.D. No.	
Verify Serial Number <input type="checkbox"/>	Size of Device <input type="checkbox"/>	Type of Device <input type="checkbox"/>	
Application & Location <input type="checkbox"/>			

On Double Check Valves a "Direction of Flow" test method is preferred. At most a 2 pound backpressure test (Increasing Method) may be used. Record all psid readings to the first decimal point and round DOWN to the nearest 1/10th...or to 1/4" for Sight Tube Testing.

Format for date entries > mm - dd - yy

Fire System Downstream Static Gauge Pressure Before Testing Fire Device PSI

<b>First Test Date</b>		-	-	Pass <input type="checkbox"/> Fail <input type="checkbox"/> Time of Test ____:____ AM <input type="checkbox"/> PM <input type="checkbox"/> Supply Line Static PSI
Test Gauge Make	Model	Serial	Last Annual Certification	
#1 Shutoff C <input type="checkbox"/> L <input type="checkbox"/> N/A <input type="checkbox"/>	Double Check (dcv_dcdf) or Reduced Pressure Assembly (rpz_rpdf)		Vacuum Breaker (pvb) or (svb)	
#2 Shutoff C <input type="checkbox"/> L <input type="checkbox"/> N/A <input type="checkbox"/>	#1 Check C <input type="checkbox"/> L <input type="checkbox"/>	#2 Check C <input type="checkbox"/> L <input type="checkbox"/>	Relief O <input type="checkbox"/> M <input type="checkbox"/>	Air Inlet O <input type="checkbox"/> M <input type="checkbox"/> Check C <input type="checkbox"/> L <input type="checkbox"/>
Check Valve Backpressure (BP) Test >>	BP PSID	BP PSID	Drip Test PSID	PSID
Check Valve "Direction of Flow (DOF) Test >>>	DOF PSID	DOF PSID	Relief Full Open Test P <input type="checkbox"/>	PSID
	1047 rpdf_1048 dcdf		BackPressure Test - Pass <input type="checkbox"/> Fail <input type="checkbox"/>	
	Bypass Check dof psid		Device returned to service - Valves On <input type="checkbox"/>	
			Device removed from service - Valves Off <input type="checkbox"/>	
			Fire Valves Locked After Test Yes <input type="checkbox"/> No <input type="checkbox"/> No Locks <input type="checkbox"/>	
X		NFPA25 Fire System Main Drain Test Performed to verify all valves are left open <input type="checkbox"/>		
^ Tester's Signature only for "Failed First test"				
(A Fire Protection Permit may be required for installations on fire systems.)		Fire Permit Number >		
(A Plumbing Permit is required for all Installations AND Permanent Removals.)		Plumbing Permit Number >		
Tester's Repairs/Notes:		Device Existing <input type="checkbox"/>		
		Device Removed <input type="checkbox"/>		
		Installation - New <input type="checkbox"/>		
		Installation - Relocation <input type="checkbox"/>		
Serial Number Of The Old Device That Was Replaced >>>		Installation - Replacement <input type="checkbox"/>		

Fill in the Second Test section only if repairs were needed after a Failed First Test

\*\*\* Only one device per test form.\*\*\*

<b>Second Test Date</b>		-	-	Pass <input type="checkbox"/> Fail <input type="checkbox"/> Time of Test ____:____ AM <input type="checkbox"/> PM <input type="checkbox"/> Supply Line Static PSI
Test Gauge Make	Model	Serial	Last Annual Certification	
#1 Shutoff C <input type="checkbox"/> L <input type="checkbox"/> N/A <input type="checkbox"/>	Double Check (dcv_dcdf) or Reduced Pressure Assembly (rpz_rpdf)		Vacuum Breaker (pvb) or (svb)	
#2 Shutoff C <input type="checkbox"/> L <input type="checkbox"/> N/A <input type="checkbox"/>	#1 Check C <input type="checkbox"/> L <input type="checkbox"/>	#2 Check C <input type="checkbox"/> L <input type="checkbox"/>	Relief O <input type="checkbox"/> M <input type="checkbox"/>	Air Inlet O <input type="checkbox"/> M <input type="checkbox"/> Check C <input type="checkbox"/> L <input type="checkbox"/>
Check Valve Backpressure (BP) Test >>	BP PSID	BP PSID	Drip Test PSID	PSID
Check Valve "Direction of Flow (DOF) Test >>>	DOF PSID	DOF PSID	Relief Full Open Test P <input type="checkbox"/>	PSID
	1047 rpdf_1048 dcdf		BackPressure Test - Pass <input type="checkbox"/> Fail <input type="checkbox"/>	
	Bypass Check dof psid		Device returned to service - Valves On <input type="checkbox"/>	
			Device removed from service - Valves Off <input type="checkbox"/>	
			Fire Valves Locked After Test Yes <input type="checkbox"/> No <input type="checkbox"/> No Locks <input type="checkbox"/>	
r:071508		NFPA25 Fire System Main Drain Test Performed to verify all valves are left open <input type="checkbox"/>		
Testing Company		Phone		
Address		City	State	Zip
Tester's Name		Tester Signature		
Backflow Cert #		MI Plumbing License #	Plumbing Contractor Lic #	

Affirmation: ASSE listed assemblies were tested per the required ASSE 5000 standards. The above results were true at the time of testing.