

Year

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

First Test Date - -		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 (dcbv_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"/>	BackPressure Test - Pass <input type="checkbox"/> Fail <input type="checkbox"/>
X	1047 rpdf_1048 dcbf	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"/>	
^ Tester's Signature only for "Failed First test"		NFPA25 Fire System Main Drain Test Performed to verify all valves are left open <input type="checkbox"/>		
(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.***

Second Test Date - -		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 (dcbv_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"/>	BackPressure Test - Pass <input type="checkbox"/> Fail <input type="checkbox"/>
r:071508	1047 rpdf_1048 dcbf	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"/>	
Test gauges must be certified annually.		NFPA25 Fire System Main Drain Test Performed to verify all valves are left open <input type="checkbox"/>		
Mailing labels are acceptable for Tester and Gauge information.				
Testing Company	City		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.