

**BACKFLOW PREVENTION DEVICE
 TEST REPORT**

Address		Postal Code:
Occupant	Emergency Contact Person	Telephone:
		Email:
Owner		Telephone:
Address of Owner		Postal Code:
Name of Certified Tester	Tester Certification Number	Telephone
Business Name	Business Address	Email
Make of Test Kit	Model Number	Serial Number
		Date of Last Calibration

Device Location _____ Purpose of Device _____

Test Date ____/____/____ RP DCVA PVB

Make _____ Model _____ Serial # _____ Size _____

Initial Test Annual Test Passed Failed Line Pressure _____

REDUCED PRESSURE BACKFLOW ASSEMBLY

Check Valve No. 1 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Pressure Differential Across No. 1 Check _____	Check Valve No. 2 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Pressure Differential Across No. 2 Check _____	Relief Valve <input type="checkbox"/> Failed to Open Opened at _____ Buffer Number + 3 Buffer Total = _____
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Shut off valve No. 2 Leaked Closed Tight (Total should be = or Less than Diff. Valve 1)

<p align="center">DOUBLE CHECK VALVE</p> <table> <tr> <td> Check Valve No. 1 With Flow Against Flow <input type="checkbox"/> Leaked <input type="checkbox"/> <input type="checkbox"/> Closed Tight <input type="checkbox"/> </td> <td> Check Valve No. 2 With Flow Against Flow <input type="checkbox"/> Leaked <input type="checkbox"/> <input type="checkbox"/> Closed Tight <input type="checkbox"/> </td> </tr> </table> <p>Pressure Differential Across No. 1 Check _____</p>	Check Valve No. 1 With Flow Against Flow <input type="checkbox"/> Leaked <input type="checkbox"/> <input type="checkbox"/> Closed Tight <input type="checkbox"/>	Check Valve No. 2 With Flow Against Flow <input type="checkbox"/> Leaked <input type="checkbox"/> <input type="checkbox"/> Closed Tight <input type="checkbox"/>	<p align="center">PRESSURE VACUUM BREAKER Air Inlet Valve</p> <p>Opened At _____ <input type="checkbox"/> Failed to Open</p> <p>Check Valve <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight</p> <p>Pressure Differential Across Check Valve _____</p>
Check Valve No. 1 With Flow Against Flow <input type="checkbox"/> Leaked <input type="checkbox"/> <input type="checkbox"/> Closed Tight <input type="checkbox"/>	Check Valve No. 2 With Flow Against Flow <input type="checkbox"/> Leaked <input type="checkbox"/> <input type="checkbox"/> Closed Tight <input type="checkbox"/>		

If assembly fails test, complete this section and note repairs: (If Device replaces an existing device, list Serial # of existing device.)

Tester Signature: _____ Date: _____