



Backflow Test Form

Customer: _____

Service Address: _____

Location of Device: _____

Type of Assembly (circle one) RPZ PVB AVB DCV Other: _____

Manufacturer: _____ Model: _____

Size: _____ Serial Number: _____

PSI of Line at testing time: _____ Device (circle one) New Existing Replacement

Was device completely rebuilt? _____ If yes, Date _____

Reduced Pressure Device	Requirements	Initial Test	Repairs	Retest
Differential Pressure Relief Port	Must open at min 2.0 psid	Opened at _____ psid		Opened at _____ psid
Check Valve #1	Closed Tight?	Yes No (circle one)		Yes No (circle one)
Pressure drop across Check Valve #1	Min of 3.0 psi above Relief port Opening.	_____ psid		_____ psid
Check Valve #2	Closed Tight?	Yes No (circle one)		Yes No (circle one)
Dual Check Valve Device	Requirements	Initial Test	Repairs	Retest
Check Valve #1	Closed tight at a Min of 1.0 psid?	Yes No (circle one) _____ psid		Yes No (circle one) _____ psid
Check Valve #2	Closed tight at a Min of 1.0 psid?	Yes No (circle one) _____ psid		Yes No (circle one) _____ psid
Pressure Vacuum Breaker	Requirements	Initial Test	Repairs	Retest
Air Inlet	Opened at a Min of 1.0 psid?	Yes No (circle one) _____ psid		Yes No (circle one) _____ psid
Check Valve	Opened at a Min of 1.0 psid?	Yes No (circle one) _____ psid		Yes No (circle one) _____ psid

Pass or Fail? _____ Remarks: _____

Certification: I have made the above test and hereby certify that this backflow prevention device performed satisfactorily and meets all federal, state, and local codes and regulations as required.

Testers Name: _____

Print _____ Signature _____ Date _____

License # _____ Exp. Date _____ City of Certification _____

Testing Company: _____ Phone # _____

Company Address: _____

Mail or Fax to: Cross Connection Control officer
20 Forest Avenue, Radford Virginia 24141
Fax # 540-731-3685 Phone # 540-731-3662