

Backflow Prevention Device Test Report

City of Martinsville

Customer ID Number; _____ Name of Premises _____

Service Address _____

Use and Location of Device: _____

Device Manufacturer; _____ Model; _____ Size; _____ Serial No; _____

Line Pressure at Time of Test _____ psi		Existing/Replacement/New Device (circle One)		
Reduced Pressure Device	Requirement	Initial Test	Repairs	Reset
Check Valve #1 Pressure drop across Check Valve	Closed tight? Min. of 5.0 psid	Yes/no (Circle one) _____psid		Yes/No _____psid
Check Valve #2	Closed tight?	Yes/no (Circle one)		Yes/No
Differential Pressure Relief Port	Must open at min. of 2.0 psid	Opened at _____psid		Opened at _____psid
Double check Valve Device	Requirement	Initial Test	Repairs	Reset
Valve #1	Closed tight at a minimum of 1.0 psid?	Yes/no (Circle one) _____psid		Yes/No _____psid
Check Valve #2	Closed tight at a minimum of 1.0 psid?	Yes/no (Circle one) _____psid		Yes/No _____psid
Pressure Vacuum Breaker	Requirement	Initial Test	Repairs	Retest
Air Inlet	Opened at min. of 1.0 psid?	Yes/no (Circle one) _____psid		Yes/No _____psid
Check Valve	Closed tight min. of 1.0 psid?	Yes/no (Circle one) _____psid		Yes/No _____psid

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.

Tester Name _____ Date _____
(Print) (Signature)

License # _____ Expiration Date _____ State of Certification _____

Testing Company _____ Phone # _____

Company Address _____