



BACKFLOW PREVENTION TEST REPORT FORM
1800 12TH STREET, CAYCE, SOUTH CAROLINA 29033
Phone: (803) 796-9020 Fax: (803) 739-5386
THIS FORM MUST BE FILLED OUT COMPLETELY
Make corrections if necessary

Name/Address: _____

Meter Number: _____

Serial Number: _____

Device Size: _____

Model Number: _____

() Type of Device: () DCVA () DDCVA () Reduced Pressure () Fire Line () Irrigation

Device Location: _____

Tested by (PRINT): _____ Date Tested: _____ Passed _____ Failed _____

	Check 1		Check 2		Air-Inlet Valve or Relief Valve	#1 Gate or Ball (Circle One)	#2 Gate or Ball (Circle One)
Test Before Repairs	(Mark One) Leaked _____ Closed Tight _____		(Mark One) Leaked _____ Closed Tight _____		Opened at _____ lbs. Differential Pressure	(Mark One) Leaked _____ Closed Tight _____	(Mark One) Leaked _____ Closed Tight _____
	Diff Press		Diff Press				
Repairs and New Materials							
Tests After Repairs	(Mark One) Leaked _____ Closed Tight _____		(Mark One) Leaked _____ Closed Tight _____		Opened at _____ lbs. Of Differential Pressure	(Mark One) Leaked _____ Closed Tight _____	(Mark One) Leaked _____ Closed Tight _____
	Diff Press		Diff Press				

By signing below I certify that the above data is correct

Tester Signature: _____ Certification Number: _____

Company Name: _____ Address: _____ Company

Telephone No.: _____ Fax No. _____ **Category:** General Tester ___ Limited Tester ___ Inspector Tester ___

Method of Testing: _____ Test Kit Used: _____

Comments: _____