

**BACKFLOW PREVENTION TEST REPORT FORM**

PHONE: 803-550-9542 FAX: 803-739-5386

EMAIL ADDRESS: jhall@caycesc.gov

**THIS FORM MUST BE FILLED OUT COMPLETELY**

**MAKE CORRECTIONS IF NECESSARY**



Name/Address: \_\_\_\_\_

Meter Number: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Device Size: \_\_\_\_\_

Device Name: \_\_\_\_\_

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)
<b>Test Before Repairs</b>	(Mark One)		(Mark One)		Opened at _____ lbs. Differential Pressure	(Mark One)	
	Leaked _____	Closed Tight _____	Leaked _____	Closed Tight _____		Leaked _____	Closed Tight _____
	Diff Press		Diff Press				
<b>Repairs and New Materials</b>					Date Repairs Made:		
<b>Tests After Repairs</b>	(Mark One)		(Mark One)		Opened at _____ lbs. of Differential Pressure	(Mark One)	
	Leaked _____	Closed Tight _____	Leaked _____	Closed Tight _____		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. \_\_\_\_\_ Email Address: \_\_\_\_\_

**Category:** General Tester \_\_\_\_\_ Limited Tester \_\_\_\_\_ Inspector Tester \_\_\_\_\_

Method of Testing: \_\_\_\_\_ Test Kit Used: \_\_\_\_\_

Comments: \_\_\_\_\_