



BACKFLOW PREVENTION TEST REPORT FORM
 PHONE: 803-550-9526 FAX: 803-796-9072 EMAIL ADDRESS: nbell@caycesc.gov
THIS FORM MUST BE FILLED OUT COMPLETELY
MARK CORRECTIONS IF NECESSARY

Name/Address:
Mailing Address:

Meter Number:
Size, Serial #, Model #, Device Location:

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

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)		(Mark One)		Opened at _____ lbs Differential Pressure	(Mark One)	
	Leaked _____	Closed Tight _____	Leaked _____	Closed Tight _____		Leaked _____	Closed Tight _____
	Diff Press		Diff Press				
Repairs and New Materials					Date Repairs Made:		
Tests After Repairs	(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: _____