# BACKFLOW DEVICE TEST REPORT

**Service Address**

**Name of Premises**

**Location of device**

**Device**

- **Manufacturer**
- **Model**
- **Size**
- **Serial Number**

**Test Kit**

- **Manufacturer**
- **Serial Number**
- **Date Certified**

## Reduced Pressure Principle Assembly

<table>
<thead>
<tr>
<th>Relief Valve Opening Point</th>
<th>Check Valve #2 Backpressure Test</th>
<th>Check Valve #1</th>
<th>No. 2 Shutoff Valve</th>
<th>Check Valve #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opened at _____ psid</td>
<td>Closed Tight □</td>
<td>Held at _____ psid</td>
<td>Closed Tight □</td>
<td>Held at _____ psid</td>
</tr>
<tr>
<td>Did not open □</td>
<td>Leaked □</td>
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## Double Check Valve Assembly

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**Date**

**Time**

**Certified Tester #**

Test by (Signature)  
Print Name  

Your signature certifies that all information provided on this section is correct.

**Comments:**

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**BACKFLOW DEVICE REPAIR REPORT**

### Cleaned

- [ ]

### Replaced: List all parts replaced

- [List all parts replaced]

List any additional repair items not previously addressed:

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- [Passed]
- [Failed]

Date: _______  Time: _______  Certified Tester #: _______

Test by (Signature): ___________________________  Print Name: ___________________________

Your signature certifies that all information provided on this section is correct.

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**Comments:**

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