



**BACKFLOW DEVICE TEST REPORT**

Name of Premises (Company, Person, etc.) \_\_\_\_\_

Service Address	City	State	Zip
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Location of Device \_\_\_\_\_

Device Type	Manufacturer	Serial No.	Model No.	Size
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**NOTE: Final Slots to be Filled in Only if Device in Disrepair and is Retested**

Line Pressure at Time of Test _____ PSI (at inlet test clock)	Date Installed	Detector Assemblies
Apparent Pressure Drop _____ PSID Across First Check Valve		Meter #
Relief Valve Opened at _____ PSID	Date Rebuilt	Reading
Difference _____ PSID		

		Check Valves		Air Inlet (Pressure Vacuum Breaker)	Differential Pressure Relief Valve	Shut Off Valves		
		#1	#2			#1	#2	
<b>INITIAL</b>	Pressure Loss			<input type="checkbox"/> Opened at _____ PSI	Opened at _____ PSID	1. Leaked _____	<input type="checkbox"/>	<input type="checkbox"/>
	1. Leaked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Did Not Open	Did Not Open	2. Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>
	2. Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>					
<b>REPAIRS</b>	Cleaned	<input type="checkbox"/>	<input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned	<input type="checkbox"/>	<input type="checkbox"/>
	Replaced:			Replaced:	Replaced	Replaced:	<input type="checkbox"/>	<input type="checkbox"/>
	Disc	<input type="checkbox"/>	<input type="checkbox"/>	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>			
	Spring	<input type="checkbox"/>	<input type="checkbox"/>	Spring <input type="checkbox"/>	Upper <input type="checkbox"/>			
	Guide	<input type="checkbox"/>	<input type="checkbox"/>	Seat <input type="checkbox"/>	Lower <input type="checkbox"/>			
	Pin Retainer	<input type="checkbox"/>	<input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Spring <input type="checkbox"/>			
	Hinge Pin	<input type="checkbox"/>	<input type="checkbox"/>	Float <input type="checkbox"/>	Diaphragm <input type="checkbox"/>			
	Seat	<input type="checkbox"/>	<input type="checkbox"/>		<u>Large:</u>			
	Other	<input type="checkbox"/>	<input type="checkbox"/>	Other <input type="checkbox"/>	Upper <input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
					Lower <input type="checkbox"/>			

<b>FINAL TEST</b>	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Opened at _____ PSI	Opened at _____ PSID	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>
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Prevents backflow from:

Lawn Irrigation <input type="checkbox"/>	Fire Protection <input type="checkbox"/>
Domestic Usage <input type="checkbox"/>	Boiler <input type="checkbox"/>

Remarks: \_\_\_\_\_

Other (explain) \_\_\_\_\_

Initial test performed by: (Please Print)	Company	BFDT Cert. No.	Date of testing
(Signature)		Expiration Date	
Repaired by: (Please Print)	Company	BFDT Cert. No.	Date of Repair
(Signature)		Expiration Date	
Final test performed by: (Please Print)	Company	BFDT Cert. No.	Date of Testing
(Signature)		Expiration Date	

WHITE – Water District

YELLOW – Customer

PINK - Tester