



# BACKFLOW DEVICE TEST REPORT

Customer Name \_\_\_\_\_

Address \_\_\_\_\_

Device Location \_\_\_\_\_

Device Prevents Backflow From:    ( ) Lawn Irrigation    ( ) Boiler    ( ) Fire Protection    ( ) Domestic Use

Device Type	Manufacturer	Serial No.	Model No.	Size
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Water Pressure at Time of Test \_\_\_\_\_ PSI

### INITIAL TEST

Pressure Loss	Check Valves #1(C) #2(D)	Air Inlet PVB	Differential PRV	Shut Off Valves	Valves #1(G) #2(H)
Leaked	( ) ( )	Opened at (E) _____PSID	Opened at (F) _____PSID	Leaked	( ) ( )
Closed Tight	( ) ( ) PSID _____	( ) Didn't Open	( ) Didn't Open	Closed Tight	( ) ( )

Initial Test Result:    ( ) Pass    ( ) Fail

Repairs: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### FINAL TEST

Closed Tight PSID _____	( ) ( )	Opened at _____PSID	Opened at _____PSID	Closed Tight	( ) ( )
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REMARKS: \_\_\_\_\_  
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Initial Test, Final Test and any Repairs Performed by	Company	BFDT Cert. No. _____ Exp. Date _____	Date of Testing
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**Copies of this report must be made by the Tester/Company and provided to the  
-Water Department and -Customer**