

**BACKFLOW PREVENTION TEST REPORT FORM**

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**THIS FORM MUST BE FILLED OUT COMPLETELY**

**MARK CORRECTIONS IF NECESSARY**



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

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

**Serial 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) Leaked _____ Closed Tight _____	(Mark One) Leaked _____ Closed Tight _____	Opened at _____ lbs Differential Pressure	(Mark One) Leaked _____ Closed Tight _____	(Mark One) Leaked _____ Closed Tight _____
	Diff Press	Diff Press			
<b>Repairs and New Materials</b>			Date Repairs Made:		
<b>Tests After Repairs</b>	(Mark One) Leaked _____ Closed Tight _____	(Mark One) Leaked _____ Closed Tight _____	Opened at _____ lbs Of Differential Pressure	(Mark One) Leaked _____ Closed Tight _____	(Mark One) 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. \_\_\_\_\_ Category: General Tester \_\_\_ Limited Tester \_\_\_ Inspector

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

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