

BACKFLOW PREVENTION TEST REPORT FORM

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THIS FORM MUST BE FILLED OUT COMPLETELY

MAKE CORRECTIONS IF NECESSARY



Name/Address: _____

Meter Number: _____

Serial Number: _____

Device Size: _____

Device Name: _____

Model 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)
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: _____