

10459 Courthouse Drive
Suite 104
King George, VA 22485
(540) 775-7111



Backflow Prevention Device Test Report

Name of Premises:

Service Address:

Use and location of Device:

Device:	Manufacturer	Model	Size	Serial Number
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Line Pressure at time of test: psi		Existing	Replacement	New Device	
REDUCED PRESSURE DEVICE		Requirements	Initial Test	Repairs	Retest
Check Valve #1	Closed tight? Min. of 5 psid	Yes psid (A)			Yes No psid
Check Valve #2	Closed tight?	Yes No			Yes No
Differential Pressure Relief Port	Must open at Min. of 2.0 psid	Opened at psid (B)			Opened at psid
Pressure Buffer		psid			psid
DOUBLE CHECK VALVE		Requirements	Initial Test	Repairs	Retest
Check Valve #1	Closed tight? Min. of 1.0 psid .	Yes psid			Yes No psid
Check Valve #2	Closed tight? Min. of 1.0 psid	Yes psid			Yes No psid
PRESSURE VACUUM BREAKER		Requirements	Initial Test	Repairs	Retest
Air Vent	Opened at Min. of 1.0 psid	Yes psid			Yes No psid
Check Valve	Opened at Min . of 1.0 psid	Yes psid			Yes No psid

Remarks:

Certification: I have made the above test and hereby certify that this Backflow Prevention Device performs satisfactorily and meets all Federal, state and local codes and regulations as required.

Tester Name: _____
(Signature)

Date:

License Number:

City of Certification:

Testing Company:

Expiration Date:

Company Address:

Phone Number: