

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

Line Pressure at time of test:	psi	Existing	Replacement	New Device
<b>REDUCED PRESSURE DEVICE</b>	<b>Requirements</b>	<b>Initial Test</b>	<b>Repairs</b>	<b>Retest</b>
Check Valve #1 Pressure drop across Ck. Valve #1	Closed tight? Min. of 5 psid	Yes No 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
<b>DOUBLE CHECK VALVE</b>	<b>Requirements</b>	<b>Initial Test</b>	<b>Repairs</b>	<b>Retest</b>
Check Valve #1	Closed tight? Min. of 1.0 psid .	Yes No psid		Yes No psid
Check Valve #2	Closed tight? Min. of 1.0 psid	Yes No psid		Yes No psid
<b>PRESSURE VACUUM BREAKER</b>	<b>Requirements</b>	<b>Initial Test</b>	<b>Repairs</b>	<b>Retest</b>
Air Vent	Opened at Min. of 1.0 psid	Yes No psid		Yes No psid
Check Valve	Opened at Min . of 1.0 psid	Yes No 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: