

**Test Report for Approved Backflow Preventers**

**Service Data**

**1. Customer Name & Mailing Address:**

Company \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Contact \_\_\_\_\_

**Service Address:**

Street \_\_\_\_\_  
City \_\_\_\_\_  
State: \_\_\_\_\_  
Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Location of Device on Property \_\_\_\_\_  
\_\_\_\_\_

**2. Type of Approved Backflow Preventer:**

RPZ \_\_\_\_\_ DCV \_\_\_\_\_ PVB \_\_\_\_\_

Serial Number \_\_\_\_\_ Size \_\_\_\_\_ Manufacturer \_\_\_\_\_ Model number \_\_\_\_\_

**3. Type of Water Service:**

Fire Protection \_\_\_\_\_ Domestic \_\_\_\_\_ Lawn Irrigation \_\_\_\_\_

**Test Report Results**

- 1. Model/Serial # of Test Gauge: \_\_\_\_\_ Date of Gauge Certification: (Annual ) \_\_\_\_\_
- 2. New Installation \_\_\_\_\_ Replacement \_\_\_\_\_ Existing (Annual) \_\_\_\_\_
- 3. Supply PSI \_\_\_\_\_ \*\*Serial Number of Device being Replaced \_\_\_\_\_

<b>RPZ (Reduced Pressure Zone)</b>	
1 <sup>st</sup> Check Valve	2 <sup>nd</sup> Check Valve
Closed: _____ (psid)	Closed: _____ (psid)
Leaked _____	Leaked _____
<b>Relief Valve Open</b> _____ (psid)	
<b>Relief Valve Failed</b> _____	

<b>DCVA (Double Check Valve)</b>	
1 <sup>st</sup> Check Valve	2 <sup>nd</sup> Check Valve
Closed _____ (psid)	Closed _____ (psid)
Leaked _____	Leaked _____

<b>PVB (Pressure Vacuum Breaker)</b>
Air Poppet Open at _____ (psid)
Check Valve _____
Closed _____ (psid)
Leaked _____

Device Pass \_\_\_\_\_ Device Failed \_\_\_\_\_ Date of Test \_\_\_\_\_ Time: \_\_\_\_\_

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

**Signature of Certified Tester:** \_\_\_\_\_  
Certification Number \_\_\_\_\_  
Company Name & Phone number \_\_\_\_\_