

CITY OF DAYTON, OHIO

WATER ENGINEERING

320 W. Monument Ave., Dayton, OH 45402 937-333-3725 FAX 937-333-8555



Backflow Preventer Test Report

Customer Name _____ Phone # _____

Address of Device _____

Billing Name _____

Billing Address _____

City - State- Zip _____

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> New Device | <input type="checkbox"/> Isolation Device | <input type="checkbox"/> Process |
| <input type="checkbox"/> Existing Device | <input type="checkbox"/> Fire | <input type="checkbox"/> HVAC |
| <input type="checkbox"/> Replacing Device | <input type="checkbox"/> Irrigation | <input type="checkbox"/> Water Only |

Date Installed _____ Replace Old Ser.# _____

Comments _____

• Tampering with ID plate will result in you being required to replace backflow device. Failed, illegible or incomplete reports will not be accepted. A complete report includes all identifying information for backflow device and plumber / tester / technician.

Size	Make	Model	Serial #
Specific Location of Device			

BACKFLOW PREVENTER TEST REPORT

DO ALL TESTS REQUIRED FOR EACH DEVICE

REDUCED PRESSURE DEVICE 1013	#1 CHECK VALVE CLOSED TIGHT YES _____ NO _____ PSID _____	DIFFERENTIAL PRESSURE RELIEF VALVE OPENED AT _____ PSIG	#2 CHECK VALVE CLOSED TIGHT YES _____ NO _____	DEVICE PASSED YES _____ NO _____
DOUBLE CHECK VALVE 1015	#1 CHECK VALVE CLOSED TIGHT YES _____ NO _____ PSID _____	#2 CHECK VALVE CLOSED TIGHT YES _____ NO _____ PSID _____	DID OUTLET SHUTOFF VALVE HOLD TIGHT YES _____ NO _____	DEVICE PASSED YES _____ NO _____
PRESSURE VACUUM BREAKER	PRESSURE LOSS ACROSS CHECK VALVE PSIG _____	AIR INLET OPEN YES _____ NO _____ PSIG _____		DEVICE PASSED YES _____ NO _____

REPAIRS MADE _____ TEST EQUIPMENT CALIBRATION DATE _____

TESTED BY _____ PLUMBING COMPANY / PHONE _____

DATE OF TEST _____ STATE CERTIFICATION NO. _____ PLUMBR'S. CERT. EXPIRATION DATE _____

If you have any questions, please call 937-333-3743. Fax # 937-333-8555.