Backflow Preventer Test Report

Customer Name ___________________________________________ Phone # ______________________

Address of Device ________________________________________

Billing Name ______________________________________________

Billing Address ____________________________________________

City - State- Zip ____________________________________________

❑ New Device   ❑ Isolation Device   ❑ Process
❑ Existing Device   ❑ Fire    ❑ HVAC
❑ Replacing Device   ❑ Irrigation    ❑ 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.

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<tr>
<th>Size</th>
<th>Make</th>
<th>Model</th>
<th>Serial #</th>
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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. __________________ PLUMBRS. CERT. EXPIRATION DATE __________________

If you have any questions, please call 937-333-3743. Fax reports to 937-333-8555 or email reports to Backflow@daytonohio.gov