

Year

BACKFLOW PREVENTER TEST REPORT

Account #

Faxed number of pages.

PAGE OF

Device Last Tested >

Property Occupant <input type="checkbox"/>		Contact Person			
Property Address		City		State	
Office Phone No.		Fax		Zip	
Property Contact Co <input type="checkbox"/>		Contact Person			
Mailing Address		City		State	
Office Phone No.		Fax		Zip	
E-Mail Address					
Manufacturer & Model <input type="checkbox"/>				Other I.D. No.	
Verify Serial Number <input type="checkbox"/>		Size of Device <input type="checkbox"/>		Type of Device <input type="checkbox"/>	
Application & Location <input type="checkbox"/>					

On Double Check Valves a "Direction of Flow" test method is preferred. At most a 2 pound backpressure test (Increasing Method) may be used. Record all psid readings to the first decimal point and round DOWN to the nearest 1/10th...or to 1/4" for Sight Tube Testing.

Format for date entries > mm - dd - yy		Fire System Downstream Static Gauge Pressure Before Testing Fire Device PSI			
First Test Date		Pass <input type="checkbox"/> Fail <input type="checkbox"/>		Time of Test ____:____ AM <input type="checkbox"/> PM <input type="checkbox"/>	
Test Gauge Make		Model		Serial	
Last Annual Certification					
#1 Shutoff C <input type="checkbox"/> L <input type="checkbox"/> N/A <input type="checkbox"/>		Double Check (dcb_dcdf) or Reduced Pressure Assembly (rpz_rpdf)			
#2 Shutoff C <input type="checkbox"/> L <input type="checkbox"/> N/A <input type="checkbox"/>		#1 Check C <input type="checkbox"/> L <input type="checkbox"/>		#2 Check C <input type="checkbox"/> L <input type="checkbox"/>	
Check Valve Backpressure (BP) Test >>		BP PSID		Drip Test PSID	
Check Valve "Direction of Flow (DOF) Test >>>		DOF PSID		Relief Full Open Test P <input type="checkbox"/>	
		1047 rpdf_1048 dcdf		Device returned to service - Valves On <input type="checkbox"/>	
		Bypass Check dof psid		Device removed from service - Valves Off <input type="checkbox"/>	
X		Fire Valves Locked After Test		Yes <input type="checkbox"/> No <input type="checkbox"/> No Locks <input type="checkbox"/>	
^ Tester's Signature only for "Failed First test"		NFPA25 Fire System Main Drain Test Performed to verify all valves are left open <input type="checkbox"/>			

(A Fire Protection Permit may be required for installations on fire systems.) Fire Permit Number >

(A Plumbing Permit is required for all installations AND Permanent Removals.) Plumbing Permit Number >

Tester's Repairs/Notes:		Device Existing <input type="checkbox"/>	
		Device Removed <input type="checkbox"/>	
		Installation - New <input type="checkbox"/>	
		Installation - Relocation <input type="checkbox"/>	
Serial Number Of The Old Device That Was Replaced >>>		Installation - Replacement <input type="checkbox"/>	

Fill in the Second Test section only if repairs were needed after a Failed First Test * Only one device per test form.***

Second Test Date		Pass <input type="checkbox"/> Fail <input type="checkbox"/>		Time of Test ____:____ AM <input type="checkbox"/> PM <input type="checkbox"/>	
Test Gauge Make		Model		Serial	
Last Annual Certification					
#1 Shutoff C <input type="checkbox"/> L <input type="checkbox"/> N/A <input type="checkbox"/>		Double Check (dcb_dcdf) or Reduced Pressure Assembly (rpz_rpdf)			
#2 Shutoff C <input type="checkbox"/> L <input type="checkbox"/> N/A <input type="checkbox"/>		#1 Check C <input type="checkbox"/> L <input type="checkbox"/>		#2 Check C <input type="checkbox"/> L <input type="checkbox"/>	
Check Valve Backpressure (BP) Test >>		BP PSID		Drip Test PSID	
Check Valve "Direction of Flow (DOF) Test >>>		DOF PSID		Relief Full Open Test P <input type="checkbox"/>	
:071508		1047 rpdf_1048 dcdf		Device returned to service - Valves On <input type="checkbox"/>	
Test gauges must be certified annually.		Bypass Check dof psid		Device removed from service - Valves Off <input type="checkbox"/>	
Failing labels are acceptable for		Fire Valves Locked After Test		Yes <input type="checkbox"/> No <input type="checkbox"/> No Locks <input type="checkbox"/>	
Tester and Gauge information.		NFPA25 Fire System Main Drain Test Performed to verify all valves are left open <input type="checkbox"/>			

Testing Company		Phone	
Address		City	
		State	
		Zip	
Tester's Name		Tester Signature	
Backflow Cert #		MI Plumbing License #	
		Plumbing Contractor Lic #	

Affirmation: ASSE listed assemblies were tested per the required ASSE 5000 standards. The above results were true at the time of testing.