



Backflow Prevention Device Program Test Report

<b>Account #</b>	<b>Account Name:</b>	<b>Qty. of Devices at Site:</b>	<b>Device 1 of #</b>

Device Information

<b>Site Address:</b>		<b>Device Location Notes:</b>	
<b>Device Manufacture:</b>	<b>Size:</b>	<b>Model #</b>	<b>Serial #</b>

Backflow Tester Information

<b>Name of Business</b>	<b>Name of Certified Backflow Tester</b>	<b>Business Phone Number</b>
<b>Test Gauge Serial Number</b>	<b>Test Gauge Last Calibration Date</b>	<b>Certified Tester Number</b>

Backflow Prevention Device Program Testing Dates

<b>Initial Test Date:</b>	<b>Passed</b> <input type="checkbox"/> <b>Failed</b> <input type="checkbox"/>
<b>Date of Repair:</b>	<b>Passed</b> <input type="checkbox"/> <b>Failed</b> <input type="checkbox"/>
<b>Final Test Date:</b>	<b>Passed</b> <input type="checkbox"/> <b>Failed</b> <input type="checkbox"/>

**Comments:**