



Backflow Prevention Device Program Report

Date Assembly Passed

Account #	Account Name:	Qty. of Devices at Site:	Device 1 of #
Site Address:			

Backflow Prevention Device Information

Device Location:	Device Location Notes:	
Device Manufacture:	Size:	Model #

Backflow Tester Information

Name of Business	Name of Certified Backflow Tester	Business Phone Number
Test Gauge Serial Number	Test Gauge Last Calibration Date	Certified Tester Number

Test & Repair Information

Check Valve No. 1		
Initial Test		
Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Pressure Drop Across First Check Valve _____ PSID
Repair		
Final Test		
Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Pressure Drop Across First Check Valve _____ PSID

Check Valve No. 2		
Initial Test		
Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Pressure Drop Across First Check Valve _____ PSID
Repair		

**Final Test**

Leaked

Closed Tight

Pressure Drop Across Second Check Valve \_\_\_\_\_ PSID

**Test & Repair Information**

**Differential Pressure Relief Valve**

**Initial Test**

Open At \_\_\_\_\_ PSID

Did Not Open

Repair

**Final Test**

Open At \_\_\_\_\_ PSID

Did not Open

**Pressure Vacuum Breaker**

**Initial Test**

Air Net Opened  At \_\_\_\_\_ PSID

Did Not Open

Repair

**Final Test**

Open At \_\_\_\_\_ PSID

Did not Open

**Remarks**

Condition of No. 2 Control Valve Closed Tight  Leaked

Line Pressure \_\_\_\_\_ PSIG

**Assembly Remarks**

Date of Assembly Pass \_\_\_\_\_

Date of Assembly Fail \_\_\_\_\_

**Assembly Re-Test \* Required Only if Assembly Failed Initially**

Date of Assembly Re-Test \_\_\_\_\_ Date of Assembly Pass \_\_\_\_\_

Notes: