## BACKFLOW DEVICE TEST REPORT FORM

Check No. 1 Check No. 2 Air-Inlet Valve or Relief Valve  (Circle One)  Test (Mark One) (Mark One) Leaked Leaked Closed  (Circle One)  (Circle One)  (Circle One)  (Mark One) (Mark One) Leaked Leaked Closed  (Mark One) Leaked Closed  (Mark One) Leaked Closed	
Account Number:	
Device Name:	
Device Name:	
Serial Number:	
Device Location:  Tested by (PRINT):  Check No. 1 Check No. 2 Air-Inlet Valve or Relief Valve  (Circle One)  Test  (Mark One) (Mark One)  Before Leaked Leaked Closed  Closed  Closed  Check No. 2 Air-Inlet Valve or Relief Valve  (Circle One)  (Mark One) (Mark One)  Leaked Leaked Closed  Closed  Closed	
Tested by (PRINT):  Check No. 1  Check No. 2  Air-Inlet Valve or Ball (Circle One)  Test (Mark One)  Before Leaked Leaked Closed  Closed  Check No. 2  Air-Inlet Valve or Ball (Circle One)  #2 Gate or Colored  #2 Gate or Colored  #2 Gate or Colored  #3 Gate or Ball (Circle One)  #4 Gate or Ball (Circle One)  #4 Gate or Ball (Circle One)  #2 Gate or Colored  #3 Gate or Ball (Circle One)  #4 Gate or Ball (Circle One)  #5 Gate or Colored  #6 Gate or Ball (Circle One)  #7 Gate or Ball (Circle One)  #7 Gate or Ball (Circle One)  #7 Gate or Ball (Circle One)	
Test (Mark One) (Mark One) Leaked Leaked Closed Closed (Circle One) (Mark One) Leaked Closed Closed (Circle One) (Mark One) (Mark One) Leaked Closed (Circle One) (Mark One) (Mark One) Leaked Closed (Circle One) (Mark One) (Mark One) (Mark One) (Mark One) (Mark One) (Mark One) (Circle One) (Mark One) (Mark One) (Mark One) (Mark One) (Circle One) (Mark One) (Mark One) (Mark One) (Circle One) (Mark One) (Mark One) (Mark One) (Mark One) (Mark One) (Circle One) (Mark One) (	
Before Leaked Leaked Leaked lbs. Leaked Leaked Leaked Closed Closed Closed Closed	
Tight Pressure Tight Tight	
Diff Press Diff Press	
Repairs and New Materials	
Test (Mark One) (Mark One) Opened at (Mark One) (Mark One Leaked Ibs. Leaked Closed Tight Tight Differential Pressure Tight Tight	
Diff Press Diff Press	
Above data certified to be correct.	
Tester Signature: Certification Number:	
Company Name: Company Telephone Number:	
Category: General Limited Inspector Tester	
Method of Testing: Test Kit Used:	
Comments:	