



A permit is required to install a new or too replace a devise

Address: _____ Permit #: _____ Meter #: _____

Hazard: Domestic Irrigation Fire Main

Test Kit Serial #: _____
 Test Kik EX Date: _____

Location: _____
 Front Rear Right Left

Name of Testing Company & Phone# _____

New Backflow
 Replaced Backflow
 Annual Test

Backflow Serial#: _____
 Manufacture: _____
 Model: _____
 Size: _____

Reduced Pressure Principle Assembly				DC <input type="checkbox"/>	RP <input type="checkbox"/>	RPDA <input type="checkbox"/>
Double Check Valve Assembly				DCDA <input type="checkbox"/>	PVB <input type="checkbox"/>	SVB <input type="checkbox"/>
	Check Valve # 1	Check Valve # 2	Relief Valve	PVB / SVB		
Initial Test	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held @ _____ PSID	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held @ _____ PSID	Did not Open <input type="checkbox"/> Opened @ _____ PSID	AIR INLET Did not Open <input type="checkbox"/> Opened @ _____ PSID		
List all Repairs	Cleaned <input type="checkbox"/> Replaced Rubber Disk <input type="checkbox"/> Guild Shaft <input type="checkbox"/> Valve Seat <input type="checkbox"/> CV Module <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced Rubber Disk <input type="checkbox"/> Guild Shaft <input type="checkbox"/> Valve Seat <input type="checkbox"/> CV Module <input type="checkbox"/>	Cleaned <input type="checkbox"/> Sensors Line Replaced <input type="checkbox"/> Rubber Disk <input type="checkbox"/> Guild Shaft <input type="checkbox"/> Valve Seat <input type="checkbox"/> Diafram <input type="checkbox"/>	Check Valve Leaked <input type="checkbox"/> Held @ _____ PSID AIR INLET Opened @ _____ PSID Held @ _____ PSID		
Final Test	Closed Tight <input type="checkbox"/> Held @ _____ PSID	Closed Tight <input type="checkbox"/> Held @ _____ PSID	Opened @ _____ PSID	Held @ _____ PSID		
Explain Repairs				Line Pressure _____		
				Held Backpressure Y <input type="checkbox"/> N <input type="checkbox"/>		
				# 2 Shutoff Open Y <input type="checkbox"/> N <input type="checkbox"/>		
				Relief Valve Exercised Y <input type="checkbox"/> N <input type="checkbox"/>		
	Date & Time	Print Testers Name	Testers Cerification Number	Passed or Failed		
Initial Test				<input type="checkbox"/> <input type="checkbox"/>		
Repairs						
Final Test				<input type="checkbox"/>		

Signature: _____

A permit is required to install a new or too replace a old devise

The above report is Certified to be true

