

Backflow Preventer Test Sheet

Name of Premises: _____ Plumbing Permit No. _____

Street Address: _____

Device Served: _____ ☐ New ☐ Replace ☐ Annual

Assembly: _____
Manufacturer (make) Model Serial No. Size

Type of Assembly: RPB ☐ DCV ☐ PVB ☐ RPDA ☐ DCVA ☐ AG ☐

Line Pressure at Time of Test: _____ psi

	REDUCED PRESSURE ASSEMBLIES				PRESSURE VACUUM BREAKER	
	DOUBLE CHECK ASSEMBLIES		Relief Valve (B)	Buffer A-B (C)	Air Inlet	Check Valve
	1 st Check (A)	2 nd Check			Opened At _____.____ psi	Pressure Drop _____.____ psi
Initial Test	DC-Closed Tight <input type="checkbox"/> _____.____ psi RP pressure drop Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/> (-) Leaked <input type="checkbox"/>	Opened At _____.____ psi Passed <input type="checkbox"/> Failed <input type="checkbox"/>	_____.____ psi Passed <input type="checkbox"/> Failed <input type="checkbox"/>	Did Not Open <input type="checkbox"/> Opened Fully <input type="checkbox"/>	Leaked <input type="checkbox"/>
Test After Repair	DC-Closed Tight <input type="checkbox"/> _____.____ psi RP pressure drop	Closed Tight <input type="checkbox"/> (-)	Opened At _____.____ psi	_____.____ psi	Opened At _____.____ psi	Pressure Drop _____.____ psi

Air Gap Inspection: Required minimum air gap separation provided: Yes ☐ No ☐

Initial test performed by: _____
Name Certification No. Date (DDMMYY)

Business Name _____

Business Phone _____

Business Address _____

Postal Code _____