

## 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
	1st Check (A)	2nd Check			Opened At	Pressure Drop
	_____ psi	_____ psi	_____ psi	_____ psi	_____ psi	_____ psi
<b>Initial Test</b>	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"/>
<b>Test After Repair</b>	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 \_\_\_\_\_