*COMPANY LOGO*

Customer Name
Company
Mailing Address
City, State Zip

ACCT. NO:_____    METER NO. _____    ROUTE:_____

SERVICE ADDRESS:_____    BACKFLOW LOCATION:_____

TYPE:_____    SIZE:_____    MANUFACTURER:_____    MODEL NO.:_____    SERIAL NO.: _____

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New Device ☐ (check box)

TYPE:_____    SIZE:_____    MANUFACTURER:_____    MODEL NO.:_____    SERIAL NO.: _____

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Device Test Information

Passed _____        Failed _____

| DCV | | | | |
|---|---|---|---|---|
| RPP | | | PRESSURE VACUUM BREAKER | |
| #1 Check Valve | #2 Check Valve | Pressure Relief Valve | Air Inlet | Check Valve Check |
| **INITIAL** ☐ Closed Tight<br>_____<br>PSID<br><br>☐ Leaked | ☐ Closed Tight<br>_____<br>PSID<br><br>☐ Leaked | Opened At _____<br>PSID<br><br>☐ Opened Under 2.0 PSID<br>☐ Did Not Open | Opened At _____<br>PSID<br><br>☐ Opened Under 2.0 PSID<br>☐ Did Not Open | ☐ Closed Tight<br>_____<br>PSID<br><br>☐ Leaked |
| **REPAIRS** _____ Cleaned<br>_____ Replaced | _____ Cleaned<br>_____ Replaced | _____ Cleaned<br>_____ Replaced | _____ Cleaned<br>_____ Replaced | _____Cleaned<br>_____Replaced |
| **FINAL** Held at _____<br>PSID<br><br>Closed tight _____ | Held at _____<br>PSID<br><br>Closed tight _____ | Opened at _____<br>PSID | Air Inlet _____<br>PSID | Check Valve _____<br>PSID |

THIS TEST IS CERTIFIED TO BE TRUE

Initial Test By: _____    Certificate No.:_____    Date:_____ Time: _____
         (Signature)                         (Print Name)

Final Test By: _____    Certificate No.:_____    Date:_____ Time: _____
         (Signature)                         (Print Name)

Comments:_____

_____

_____

_____