



**BACKFLOW PREVENTION TEST REPORT FORM**  
**1800 12<sup>TH</sup> STREET, CAYCE, SOUTH CAROLINA 29033**  
**Phone: (803) 796-9020 Fax: (803) 739-5386**  
**THIS FORM MUST BE FILLED OUT COMPLETELY**  
*Make corrections if necessary*

Name/Address: \_\_\_\_\_

Meter Number: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Device Size: \_\_\_\_\_

Model Number: \_\_\_\_\_

() Type of Device: ( ) DCVA ( ) DDCVA ( ) Reduced Pressure ( ) Fire Line ( ) Irrigation

Device Location: \_\_\_\_\_

Tested by (PRINT): \_\_\_\_\_ Date Tested: \_\_\_\_\_ Passed \_\_\_\_\_ Failed \_\_\_\_\_

	Check 1		Check 2		Air-Inlet Valve or Relief Valve	#1 Gate or Ball (Circle One)	#2 Gate or Ball (Circle One)
<b>Test Before Repairs</b>	(Mark One) Leaked _____ Closed Tight _____		(Mark One) Leaked _____ Closed Tight _____		Opened at _____ lbs. Differential Pressure	(Mark One) Leaked _____ Closed Tight _____	(Mark One) Leaked _____ Closed Tight _____
	Diff Press		Diff Press				
<b>Repairs and New Materials</b>							
<b>Tests After Repairs</b>	(Mark One) Leaked _____ Closed Tight _____		(Mark One) Leaked _____ Closed Tight _____		Opened at _____ lbs. Of Differential Pressure	(Mark One) Leaked _____ Closed Tight _____	(Mark One) Leaked _____ Closed Tight _____
	Diff Press		Diff Press				

**By signing below I certify that the above data is correct**

Tester Signature: \_\_\_\_\_ Certification Number: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_ Company \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No. \_\_\_\_\_ **Category:** General Tester \_\_\_ Limited Tester \_\_\_ Inspector Tester \_\_\_

Method of Testing: \_\_\_\_\_ Test Kit Used: \_\_\_\_\_

Comments: \_\_\_\_\_