



BACKFLOW DEVICE TEST REPORT FORM

* Fill out completely and submit within seven (7) days of testing *

TO: Town of Prosperity
PO Box 36
Prosperity, SC 29127

ATTN: Utility Department / Backflow

DATE: _____

Account Name / Business Name: _____

Account Address: _____

Account Number: _____ Meter Number: _____

Device Name: _____ Model Number: _____

Serial Number: _____ Size: _____

Device Location: _____

Tested by (PRINT): _____

	Check No. 1		Check No. 2		Air-Inlet Valve or Relief Valve	#1 Gate or Ball (Circle One)		#2 Gate or Ball (Circle One)	
	(Mark One)		(Mark One)			(Mark One)		(Mark One)	
Test Before Repairs	Leaked		Leaked		Opened at _____ Ibs. Differential Pressure	Leaked		Leaked	
	Closed Tight		Closed Tight			Closed Tight		Closed Tight	
	Diff Press		Diff Press						
Repairs and New Materials									
Test After Repairs	(Mark One)		(Mark One)		Opened at _____ Ibs. Differential Pressure	(Mark One)		(Mark One)	
	Leaked		Leaked			Leaked		Leaked	
	Closed Tight		Closed Tight			Closed Tight		Closed Tight	
	Diff Press		Diff Press						
Notes									

Assembly Pass/Fail (mark one): Pass _____ Fail _____

Note: All Repairs must be completed within ten (10) days

ABOVE DATA CERTIFIED TO BE CORRECT

Tester Signature: _____ Certification Number: _____

Company Name: _____ Company Telephone Number: _____

Category (Check One) : [General: _____ Limited: _____ Inspector Tester: _____]

Method of Testing: _____ Test Kit Serial #: _____ Calibration Date: _____

Comments: _____
