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BACKFLOW DEVICE TEST REPORT FORM

Date_____ Device Type (please circle) **DCVA** ☐ **RP** ☐ **PVB** ☐

Account Name / Business Name_____ Meter Number_____

Account Address_____

Assembly Manufacturer_____ Model Number_____

Serial Number_____ Size_____

Assembly Location_____

Tested by (Print)_____

	CHECK # 1	CHECK # 2	Differential Pressure Relief Valve (RP)	# 2 Gate or Ball (Circle One)
Test Before Repairs	(Mark One) Leaked_____ Closed Tight_____ Drop Across	(Mark One) Leaked_____ Closed Tight_____ Drop Across	Opened At _____lbs. Differential Pressure	(Mark One) Leaked_____ Closed Tight_____
Repairs and New Materials				
Test after Repairs	(Mark One) Leaked_____ Closed Tight_____ Drop Across	(Mark One) Leaked_____ Closed Tight_____ Drop Across	Opened At _____lbs. Differential Pressure	(Mark One) Leaked_____ Closed Tight_____

Above data certified to be correct.

Tester Signature_____ Certification Number_____

Company Name_____ Phone_____

Category: General ☐ Limited ☐ Inspector ☐

Method of Testing_____

Comments_____

Submit the completed form via email to Lucas Rhodes at lrhodes@gbpw.com.