



BACKFLOW PREVENTER TEST REPORT
 City of Vandalia
 937-415-2349
 FAX- 937-415-2394

New Installation _____
 Replacement _____
 Annual Recertification _____

CUSTOMER NAME: _____ CONTACT PERSON: _____

ADDRESS OF DEVICE: _____ ZIP _____

BACKFLOW PREVENTER INFORMATION

SIZE: _____ MAKE: _____ MODEL: _____ SERIAL NO: _____

LOCATION OF DEVICE ON PREMISES: _____

TEST DATE: _____

TEST INFORMATION

1. REDUCED PRESSURE BACKFLOW PREVENTER (ASSE 1013)

	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL PRESSURE RELIEF VALVE
TEST BEFORE REPAIR	Leaked _____ Closed Tight _____	Leaked _____ Closed Tight _____	Opened at _____ psi Reduced Pressure
Describe Repairs			
Materials Used			
Final Test	Closed Tight _____	Closed Tight _____	Opened at _____ psi Reduced Pressure

2. DOUBLE CHECK VALVE ASSEMBLY (ASSE 1015)
 (Use Check Valve No. 1 and Check Valve No. 2 Test Only)

3. PRESSURE TYPE VACUUM BREAKERS (ASSE 1020) Air Inlet Opened at _____ psi

REPAIRS: _____

BY: _____ DEVICE APPEARS FUNCTIONAL. Testers Initials _____ Date _____

PLUMBING COMPANY: _____ TESTER CERTIFICATION # _____