**BACKFLOW TEST REPORT**

CUSTOMER NAME : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOCATION OF ASSEMBLY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF ASSEMBLY: RP [ ]  DC [ ]  PVB[ ]  SIZE : \_\_\_\_\_\_\_\_\_\_

DOMESTIC [ ]  FIRE [ ]  LAWN IRRIGATION [ ]  NEW TEST [ ]  RECERTIFICATION TEST [ ]

MANUFACTURER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ MODEL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SERIAL NO : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LINE PRESSURE:\_\_\_\_\_\_PSI

|  |  |  |  |
| --- | --- | --- | --- |
| RELIEF VALVE | CHECK VALVE #1 | CHECK VALVE #2 | PRESSURE VACUUMBREAKER |
|  OPENED AT . PSIDDID NOT OPEN [ ]  . BUFFER  |  [ ]  LEAKED [ ]  CLOSED TIGHT DIFF. PRESSUREACROSS CHECKVALVE  . PSID |  [ ]  LEAKED [ ]  CLOSED TIGHT  DIFF. PRESSURE ACROSS CHECKVALVE  . PSID | AIR INLET OPENED AT   . PSIDDID NOT OPEN [ ]  CHECK VALVE LEAKED [ ] CHECK VALVE HELD AT   . PSID |
| [ ]  CLEANED ONLY[ ]  REPLACED:RUBBER KIT [ ]  RV ASSEMBLY | [ ]  CLEANED ONLY[ ]  REPLACED:RUBBER KIT [ ]  RV ASSEMBLY | [ ]  CLEANED ONLY[ ]  REPLACED:RUBBER KIT [ ]  RV ASSEMBLY | [ ]  CLEANED ONLY[ ]  REPLACED:RUBBER KIT [ ]  RV ASSEMBLY |
|  OPENED AT  . PSID | [ ]  CLOSED TIGHTDIFF.PRESSUREACROSS CHECK VALVE  . PSID | [ ]  CLOSED TIGHTDIFF. PRESSUREACROSS CHECK VALVE  . PSID | AIR INLET OPENED AT  . PSID CHECK VALVE HELD AT  . PSID |
| INITIAL TEST: SHUT OFF VALVE #1[ ]  LEAKED [ ]  CLOSED TIGHT | FINAL TEST: SHUT OFF VALVE #2[ ]  LEAKED [ ]  CLOSED TIGHT |

PASS\_\_ FAIL\_\_

**NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN TWENTY ONE DAYS NON-HEALTH HAZARD FOURTEEN DAYS HEALTH HAZARD.**

***REMARKS****:* *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*I HEREBY CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE ASSEMBLY.*

INITIAL TEST BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CERTIFIED TESTER NO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REPAIRED BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CERTIFIED TESTER NO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FINAL TEST BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_CERTIFIED TESTER NO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEST KIT SERIAL NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CALIBRATION DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TIME OF DAY \_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM [ ]  PM [ ]  SIGNATURE OF TESTER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Return to:** **CROSS CONNECTION COORDINATOR PHONE # (252) 296-3406**

 **CITY OF WILSON**  **FAX # (252) 296-3402**

 **PO BOX 10** **CELL # (252) 205-1845**

 **WILSON, NC 27894**