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# *Backflow Device Test Report Form*

***City of Andale***
***326 N. Main PO BOX 338***
***Andale, KS 67001***

**PROPERTY INFO**

Owner Name _____ Phone # _____

Property Address _____

New Install _____ Re-test _____ Fire System _____ Containment _____

**COMPANY INFO**

Company Name/Tester Name _____

Company Address _____

Certified Tester # _____ Phone # _____

**SERVICE INFO**

Date of Test _____ Residential _____ Commercial/industrial _____

Location _____

| **Supply Line** _____ PSI | Reduces Pressure Principle Assembly (requires three columns) | | | Rebuild Date (Required Every 5 Years) _____ |
|---|---|---|---|---|
| **INITIAL TEST** | **Check Valve #1** | **Check Valve #2** | **Differential Pressure Relief** | **Vacuum Breaker PVB/SVB** |
| | 1. RP/DC _____PSID<br>leaked (0.0) _____<br>Failed _____ | 1. RP/DC _____PSID<br>leaked (0.0) _____<br>Failed _____ | Opened at _____ PSID<br>Did Not Open _____ | AIR INLET:<br>Opened at _____ PSID<br>Did Not Open _____ |
| **REPAIRS** | Cleaned _____<br>**Replaced:**<br>Disc _____<br>Spring _____<br>Guide _____<br>Pin Retainer<br>Hinge Pin _____<br>Seat _____<br>Diaphram _____<br>Other _____ | Cleaned _____<br>**Replaced:**<br>Disc _____<br>Spring _____<br>Guide _____<br>Pin Retainer<br>Hinge Pin _____<br>Seat _____<br>Diaphram _____<br>Other _____ | Cleaned _____<br>Cleaned Sensing Lines _____<br>**Replaced:**<br>Disc _____<br>Spring _____<br>Guide _____<br>Pin Retainer<br>Hinge Pin _____<br>Seat _____<br>Diaphram _____<br>Other _____ | Check Valve :<br>Held At _____ PSID<br>Leaked (0.0) _____<br>Failed _____<br>Cleaned _____<br>Replaced _____<br>Air Inlet Spring _____<br>Check Spring _____<br>Other _____ |
| **FINAL TEST** | RP/DC _____ PSID<br>LEAKED (0.0) _____<br>FAILED _____ | RP/DC _____ PSID<br>LEAKED (0.0) _____<br>FAILED _____ | Opened at _____ PSID<br>DID NOT OPEN _____<br>RP Only | Air Inlet<br>Opened at _____ PSID<br>PVB Check _____ PSID<br>Leaked (0.0) _____<br>Failed _____ |

Comments: _____

_____

Approved By: _____ Date: _____