

## **BACKFLOW CERTIFICATION**

PLEASE PRINT **Property Owner:** Telephone # DEVICE INFORMATION Device street address: Location of device Size Make Model Serial # Type of Service Type of Protection New Device Irrigation Isolation **Annual Test** Fire Containment **Initial Test Date:** Reduce Pressure Assembly Pressure Vacuum Breaker **Double Check Valve** PSID PASS **FAIL PSID PASS FAIL** 1<sup>ST</sup> CHECK VALVE Air Inlet Valve Opened At 2<sup>ND</sup> CHECK VALVE Check Valve Held At RELIEF VALVE OPENED AT **After Repairs Test Date:** Reduce Pressure Assembly Pressure Vacuum Breaker **Double Check Valve** PSID PASS FAIL **PSID** PASS **FAIL** 1<sup>ST</sup> CHECK VALVE Air Inlet Valve Opened At 2<sup>ND</sup> CHECK VALVE Check Valve Held At RELIEF VALVE OPENED AT Comments: PLEASE PRINT I certify all information on this report is true and accurate, acknowledging that incomplete reports will not be accepted. Certified Tester # Tester Name **Certification Expiration** Plumbing Company Name Telephone # Tester Signature: