

Tester Signature:

BACKFLOW CERTIFICATION PLEASE PRINT Telephone # **Property Owner: 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** 1ST CHECK VALVE Air Inlet Valve Opened At 2ND 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** 1ST CHECK VALVE Air Inlet Valve Opened At 2ND 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. **Tester Name** Certified Tester # **Certification Expiration Plumbing Company Name** Telephone #