

BACKFLOW DEVICE TEST REPORT

Mt. Pleasant, Michigan

NAME OF PREMISES _____

SERVICE ADDRESS _____

LOCATION OF DEVICE _____

DEVICE _____
Manufacturer
Model
Size
Serial No.

LINE PRESSURE AT TIME OF TEST _____ LBS.

PRESSURE DROP ACROSS FIRST CHECK VALVE _____ LBS.

RESPONSIBLE PERSON CONTACTED _____ PHONE _____

	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL PRESSURE RELIEF VALVE
INITIAL TEST	1. LEAKED <input type="checkbox"/> 2. CLOSED TIGHT <input type="checkbox"/>	1. LEAKED <input type="checkbox"/> 2. CLOSED TIGHT <input type="checkbox"/>	1. OPENED AT _____ LBS. 2. DID NOT OPEN <input type="checkbox"/>
	CLEANED <input type="checkbox"/> REPLACED: DISC <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> PIN RETAINER <input type="checkbox"/> HINGE PIN <input type="checkbox"/> SEAT <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> OTHER, DESCRIBE <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED: DISC <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> PIN RETAINER <input type="checkbox"/> HINGE PIN <input type="checkbox"/> SEAT <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> OTHER, DESCRIBE <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED: DISC, UPPER <input type="checkbox"/> DISC, LOWER <input type="checkbox"/> SPRING <input type="checkbox"/> DIAPHRAGM, LARGE UPPER <input type="checkbox"/> LOWER <input type="checkbox"/> DIAPHRAGM, SMALL UPPER <input type="checkbox"/> LOWER <input type="checkbox"/> SPACER, LOWER <input type="checkbox"/> OTHER, DESCRIBE <input type="checkbox"/>
FINAL TEST	CLOSED TIGHT <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/>	OPENED AT _____ LBS. REDUCED PRESSURE

DEVICE BY-PASSED _____ DEVICE MADE INOPERATIVE OR REMOVED WITHOUT AUTHORITY _____

DEVICE LEFT OPERATING CORRECTLY _____

REMARKS: _____

INITIAL TEST PERFORMED BY: _____ OF _____ DATE _____

REPAIRED BY: _____ DATE _____

FINAL TEST PERFORMED BY: _____ DATE _____

ABOVE REPORT IS CERTIFIED TO BE TRUE AND CORRECT.

NAME: _____ JOURNEYMAN _____ MASTER _____

SUPERVISED BY: _____ STATE PLBG. LIC. NO. _____ STATE CERTIFICATION NO. _____