# BACKFLOW PREVENTER TEST REPORT

<table>
<thead>
<tr>
<th>Property Occupant</th>
<th>Contact Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property Address</td>
<td>City State</td>
</tr>
<tr>
<td>Office Phone No.</td>
<td>Fax Zip</td>
</tr>
<tr>
<td>Property Contact C</td>
<td>Fax Zip</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>City State</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Manufacturer &amp; Model</th>
<th>Other I.D. No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verify Serial Number</td>
<td>Size of Device</td>
</tr>
<tr>
<td>Application &amp; Location</td>
<td>Type of Device</td>
</tr>
</tbody>
</table>

On Double Check Valves a "Direction of Flow" test method is preferred. At most a 2 pound backpressure test (Increasing Method) may be used. Record all psid readings to the first decimal point and round DOWN to the nearest 1/10th...or to 1/4" for Sight Tube Testing.

## First Test Date

**Test Gauge Make**

<table>
<thead>
<tr>
<th>Model</th>
<th>Serial</th>
<th>Last Annual Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1 Shutoff C [ ] L [ ] N/A [ ]</td>
<td>Double Check (dcv_dcdf) or Reduced Pressure Assembly (rpz_rpdf)</td>
<td></td>
</tr>
<tr>
<td>#2 Shutoff C [ ] L [ ] N/A [ ]</td>
<td>#1 Check C [ ] L [ ] #2 Check C [ ] L [ ] Relief O [ ] M [ ]</td>
<td></td>
</tr>
<tr>
<td>Check Valve Backpressure (BP) Test &gt;&gt;</td>
<td>BP PSID -</td>
<td></td>
</tr>
<tr>
<td>Check Valve &quot;Direction of Flow (DOF) Test &gt;&gt;</td>
<td>DOF PSID -</td>
<td></td>
</tr>
</tbody>
</table>

Test System Downstream Static Gauge Pressure Before Testing Fire Device \( \text{PSI} \)

**Fire System Downstream Static Gauge Pressure Before Testing Fire Device:** \( \text{PSI} \)

**Time of Test:** \( \text{AM} \) \( \text{PM} \)

**Supply Line Static PSI**

**Test Gauges Must be Certified Annually.**

**Mailing labels are acceptable for Tester and Gauge information.**

### Second Test Date

**Test Gauges Must be Certified Annually.**

**Mailing labels are acceptable for Tester and Gauge information.**

**Tester's Name**

**Address**

**Backflow Cert #**

**MI Plumbing License #**

**Testing Company**

**Tester's Signature**

**Tester's Repairs/Notes:**

**Installation - New**

**Installation - Relocation**

**Installation - Replacement**

**Serial Number Of The Old Device That Was Replaced >>>**

**Only one device per test form.***

**Testing Company Phone**

**Address City State Zip**

**Fire System Downstream Static Gauge Pressure Before Testing Fire Device:** \( \text{PSI} \)

**Time of Test:** \( \text{AM} \) \( \text{PM} \)

**Supply Line Static PSI**

**Test Gauges Must be Certified Annually.**

**Mailing labels are acceptable for Tester and Gauge information.**

**Tester's Name**

**Address**

**Fire System Downstream Static Gauge Pressure Before Testing Fire Device:** \( \text{PSI} \)

**Time of Test:** \( \text{AM} \) \( \text{PM} \)

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**Tester's Name**

**Address**

**Fire System Downstream Static Gauge Pressure Before Testing Fire Device:** \( \text{PSI} \)

**Time of Test:** \( \text{AM} \) \( \text{PM} \)

**Supply Line Static PSI**

**Test Gauges Must be Certified Annually.**

**Mailing labels are acceptable for Tester and Gauge information.**

**Tester's Name**

**Address**