



Premises Address: _____

Mailing Address: _____

Location of Device: _____

Manufacturer: _____ Model #: _____ Serial #: _____ Size: _____

- 1. Date of Test _____
2. Time of Test _____
3. Line pressure at time of test _____
4. New Device [] Existing Device [] Replaced [] Repaired []
5. Remarks: _____

Device Type: [] RPZ [] DC
Containment Type: Backflow preventer is located between the water meter and first branch YES [] NO []
Water Service Type: DOMESTIC [] FIRE-LINE [] IRRIGATION []
Table with 4 columns: Check Valve No. 1, Check Valve No. 2, Differential Pressure Relief Valve, Pressure Vacuum Breaker.

Condition of No. 2 Control Valve: [] Closed Tight [] Leaking

Remarks: _____

I hereby certify that the data in this report is accurate and reflects the proper operation of the unit and certify that the testing was done under the latest ASSE 5000 test procedures.

Date: _____ Time: _____ Tester Certification #: _____

Signature of Tester: _____ [] Passed : [] Failed

Name of Tester (Print): _____

Company Name: _____

Company Tel. & Email: _____

Gauge Manufacturer: _____ Model #: _____

Serial #: _____ Calibration Date: _____