

1 Test Report Information Part 1 <i>To be completed in full</i>				
Public Water Supply	County	Block	Lot	Permit # or LAA # or OP-128
Facility Name				
Facility Address				
City	State	Zip		
Device Manufacturer		Device Model		Month of report
Size of Device		Serial # of Device		
Specific Location of Device				
End Use of Device (boiler, cooling tower, medical)				

2 Test Report Information Part 2 <i>To be completed by Certified Backflow Prevention Device Tester</i>				
	Check Valve No.1	Check Valve No.2	Differential Pressure Relief Valve (RPZ only)	Line Pressure ____ psi
Test Before Repair	Pressure Drop across first check valve, psi ____	Leak Closed tight	Opened at ____ psi	Date: __/__/__
	Leak Closed tight			
Describe repairs, parts and materials used.				Name of Repairer: Name, Lic# & Seal of Master Plumber Date of Repair: __/__/__
Final Test	Pressure Drop across first check valve, psi ____	Closed tight	Opened at ____ psi	Date: __/__/__
	Closed tight			
Device	New Replacement	Completion Time of Test (e.g. 3:15 pm):	Type of Service Domestic Combined	
CERTIFICATION: This Device meets the requirements of an acceptable containment device at the time of testing. I hereby certify the foregoing data to be corrected as/per PC 608/608.1.			CERTIFICATION: This device does NOT meet the requirements	
Signature		Date	Signature	
Name (print)		Telephone Number	Certified Test No.	
			Expiration Date	

3 Statements and Signature *To be completed by master plumber*

I am I am NOT the Licensed Master Plumber of Record. I have personally checked this installation and I certify that it is in accordance with the Building Department's Requirements (PC 312.10/PC

Plumber's Name (please print) _____ Plumber's License # _____

Telephone # _____

Signature _____ Date _____

Seal



This form report is for the test of an Internal (Secondary) Backflow Prevention Device and must be submitted to the Department of Buildings ONLY upon request.