

**1 Test Report Information Part 1** *To be completed in full*

Public Water Supply	County	Block	Lot	Permit # or LAA #
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** *To be completed by Certified Backflow Prevention Device Tester*

	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	

<b>CERTIFICATION:</b> 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.		<b>CERTIFICATION:</b> This device does NOT meet the requirements	
Signature	Date	Signature	Date
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 \_\_\_\_\_



**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.**