Department of Water
Backflow Test Report

SUBMIT FORM ONLINE
www.bsionline.com
Please have CCN number

The following form must be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for record keeping purposes. **Testing is required upon installation, repair, or relocation and annually thereafter.** Test reports are kept permanently and are accessible anytime to tester, owners and regulatory authority.

Facility Name _____
Address _____
Contact Person _____ Phone (_____)_____
Mailing Address _____ City_____ State_____ Zip_____

Assembly & Installation Information

Make: _____
Model: _____
Size: _____
Serial Number: _____

Existing ( )
Removed ( )
New ( )
Replaced ( )

Domestic ( )
Fire ( )
Irrigation ( )
By Pass ( )

Commercial ( )
Industrial ( )
Residential ( )

Location:
_____
_____

Initial Test Date: ____/____/____

Double Check Assembly	
Outlet Valve	
Check Valve #1	psid
Check Valve #2	psid
( )Pass	( ) Fail

Reduced Pressure Assembly	
Check Valve #1	psid
Relief Valve	psid
Check Valve #2	psid
Outlet Valve	
( )Pass	( ) Fail

Pressure Vacuum Breaker	
Air Inlet Valve	psid
Check Valve	psid
( )Pass	( ) Fail

Repairs & Materials Used *Use only manufacturer's replacement parts*

Final Test Date: ____/____/____

Double Check Assembly	
Outlet Valve	
Check Valve #1	psid
Check Valve #2	psid
( )Pass	( ) Fail

Reduced Pressure Assembly	
Check Valve #1	psid
Relief Valve	psid
Check Valve #2	psid
Outlet Valve	
( )Pass	( ) Fail

Pressure Vacuum Breaker	
Air Inlet Valve	psid
Check Valve	psid
( )Pass	( ) Fail

Comments

Tester Certification

I hereby certify that the above data is correct and that the backflow prevention device is in proper working condition.

Certified Tester _____ **Certified Tester #** _____
Signature _____ **Date** _____

I hereby certify that the above backflow prevention device has been in constant use at this location during the entire prescribed interval between test periods and during that period this device was not bypassed, made inoperative or removed without proper authorization. I further certify that I have the authority and responsibility to ensure the above.

Owner/Officer _____ **Title**_____
Signature _____ **Date** _____