



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

DATE ____/____/____ PASSED FAILED
 ACCOUNT/BUSINESS NAME _____
 ACCOUNT ADDRESS _____ ACCOUNT # _____
 DEVICE LOCATION _____
 DEVICE MANUFACTURER _____ DEVICE TYPE _____
 SERIAL # _____ MODEL # _____ SIZE _____ METER # _____

	CHECK NO. 1	CHECK NO. 2	RELIEF VALVE	PVB	SHUT OFF VALVES		
INITIAL TEST	<input type="checkbox"/> HELD AT _____ PSID	<input type="checkbox"/> HELD AT _____ PSID	<input type="checkbox"/> OPENED AT _____ PSID	<input type="checkbox"/> AIR INLET AT _____ PSID	VALVE TYPE	#1 G OR B	#2 G OR B
	<input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED	<input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED	<input type="checkbox"/> DID NOT OPEN	<input type="checkbox"/> DID NOT OPEN <input type="checkbox"/> CHECK HELD AT _____ PSID	CLOSED TIGHT LEAKED	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
REPAIR	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> DISC <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> HINGE PIN <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> MODULE <input type="checkbox"/> _____	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> DISC <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> HINGE PIN <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> MODULE <input type="checkbox"/> _____	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> DISC <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> HINGE PIN <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> MODULE <input type="checkbox"/> _____	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> DISC <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> HINGE PIN <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> MODULE <input type="checkbox"/> _____	CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> REPAIR <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	OTHER/NOTES: _____ _____ _____						
FINAL TEST	<input type="checkbox"/> _____ PSID <input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> _____ PSID <input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> OPENED AT _____ PSID	AIR INLET _____ PSID CK VALVE _____ PSID	CLOSED TIGHT	<input type="checkbox"/>	<input type="checkbox"/>

METHOD OF TESTING: _____ TYPE OF KIT USED: _____

TESTER/REPAIRER CERTIFICATE: NOTE: TEST AND/OR REPAIRS MUST BE EITHER PERFORMED BY A GENERAL TESTER OR LIMITED TESTER DULY CERTIFIED BY THE SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL.

I, _____, **HEREBY CERTIFY THAT THE ABOVE TESTING AND/OR REPAIRS WERE PERFORMED BY MYSELF AND ALL INFORMATION ARE CORRECT.**

TESTER'S SIGNATURE _____
 CERTIFICATE NUMBER _____ CATEGORY: GENERAL LIMITED INSPECTOR/TESTER
 COMPANY _____ TELEPHONE: _____
 CUSTOMER SIGNATURE _____ TELEPHONE: _____

FOR OFFICE USE ONLY

REVIEW BY _____ NEW COMPLIANCE DATE _____
 SIGNATURE _____ DATE ____/____/____