

BACKFLOW DEVICE TEST REPORT

Name of Premises: _____

Service Address: _____
City

Location of Device: _____

Device: _____
Manufacturer Model Serial No. Size

Test Gauge Type: _____ Date of Last Calibration: ____/____/____

No. 1 Shutoff <input type="checkbox"/> closed <input type="checkbox"/> leaked No. 2 Shutoff <input type="checkbox"/> closed <input type="checkbox"/> leaked	METER DETECTOR ASSEMBLY			
		Pass <input type="checkbox"/>		Fail <input type="checkbox"/>
Line Pressure _____ psi	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker
	Double Check Valve Assembly			
I N T E S T I T A L	Check Valve #1 Leaked <input type="checkbox"/> Closed <input type="checkbox"/> RP. Pres. Drop ____ • ____ psid	Check Valve #2 Leaked <input type="checkbox"/> Closed <input type="checkbox"/>	Relief Valve Relief Opened @ ____ • ____ psid Relief Valve Passed _____ Failed _____	Air Inlet Opened at _____ psid Did Not Open _____ Check Valve Held at _____ psid Leaked _____
Repairs and / or Remarks: _____				
F I N A L	Tight _____ RP. Pres. Drop ____ • ____ psid	Tight _____	Relief Opened @ ____ • ____ psid	After Repair ____ / ____ / ____ Date

PASSED **FAILED**

NOTE: WE RECOMMEND AN EXPANSION TANK ON ANY CLOSED WATER SYSTEM

Remarks: _____

In completing and submitting this test report, the Tester certifies that the device has been tested and maintained in accordance with all applicable rules and regulations.

Customer's Signature _____

Date _____

Tester's Signature _____

Tester Number _____

Date _____

CERTIFICATION: (OWNER / OCCUPANT)

I hereby certify that the above backflow prevention device has been in constant use at this location since the last annual inspection and that defects found during the operation period or during tests of device were satisfactorily corrected without delay. This device was not by-passed, made inoperative or moved without written authorization. I further certify that I have the responsibility and authority to insure the above.

Owner / Officer (signature): _____

Title: _____

Owner / Officer (print): _____

Date _____

Title / Position (print): _____

RETURN FORM TO:
 Northern Kentucky Water District
 Backflow Prevention Technician
 P.O. Box 18640
 Erlanger, Kentucky 41018