

Carroll County Back Flow Preventor Device Testing Report

Make of device _____ Size _____
 Model # _____ Location in Building _____
 Serial # _____
 Property Address: _____

	Reduced Pressure Devices			Pressure Vacuum Breaker	
	Double Check Devices		Relief Valve	Air Inlet	Check Valve
	1 st Check	2 nd Check		Opened at _____psid	_____psid Leaked <input type="checkbox"/>
Initial Test	DC-Closed Tight <input type="checkbox"/> RP- _____psid Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____psid	Did not Open <input type="checkbox"/>	
Repairs & Materials Used					
Test After Repair	DC-Closed Tight <input type="checkbox"/> RP- _____psid	Closed Tight <input type="checkbox"/>	Opened at _____psid	Opened at _____psid	_____psid

The above is certified to be true.

Firm Name _____
 Firm Address _____

Certified Tester _____
 Cert. Tester #. _____ Date _____
 Gauge Calibration Date _____

Comments:

