



Division of Water Quality
Office of Cross Connections
6040 Waterworks Road - Norfolk, VA 23502
(757) 441-5774 ext 262 FAX (757) 441-5639

Backflow Prevention Device Test Report

Business/Owner Name: _____ **Phone #** _____
Address: _____
City/State/Zip _____
Use/Location of Device: _____
Device Type: _____ **MANUFACTURER:** _____ **Model #:** _____ **Serial #:** _____ **Size:** _____

Line Pressure at Time of Test _____ **psi** **Circle one: EXISTING/REPLACEMENT/NEW**

Reduced Pressure Zone Device	Requirement	Initial Test	Repairs	Retest
Check valve #1 Pressure drop across Check valve #1	Closed Tight min. of 5.0 psid	Yes /No (Circle one) _____ psid (A)		Yes /No (Circle one) _____ psid (A)
Check Valve #2	Closed Tight	Yes/No (Circle one)		Yes/No (Circle one)
Differential Pressure Relief Port	Must open @ min. of 2.0 psid	Opened @ _____ psid (B)		Opened @ _____ psid (B)
Pressure Buffer	A - B >= 3.0 psid	_____ psid		_____ psid
Double Check Valve Device	Requirement	Initial Test	Repairs	Retest
Check Valve #1	Closed Tight @ Min. of 1.0 psid	Yes/No (Circle one) _____ psid		Yes/No (Circle one) _____ psid
Check Valve #2	Closed Tight @ Min. of 1.0 psid	Yes/No (Circle one) _____ psid		Yes/No (Circle one) _____ psid
Pressure / Anti Spill Vacuum Breaker	Requirement	Initial Test	Repairs	Retest
Air Inlet	Opened @ min. of 1.0 psid	_____ psid		_____ psid
Check Valve	Pressure Drop/ Differential @ min. of 1.0 psid	_____ psid		_____ psid

Remarks

Certification: **A NEW OR REPLACEMENT DEVICE REQUIRES A PERMIT.** I have made the above test and hereby certify that this backflow prevention device performed satisfactorily and meets all federal, state and local codes and regulations as required.

Tester Name _____ (Print) _____ (Signature) Date _____

Test Kit Serial Number _____ Calibration Date _____

License/Certificate: (Circle One) DPOR/ Norfolk/ Other: _____ License # _____ Expiration Date _____

ReTester Name _____ (Print) _____ (Signature) Date _____

Test Kit Serial Number _____ Calibration Date _____

License/Certificate: (Circle One) DPOR/ Norfolk/ Other: _____ License # _____ Expiration Date _____

Testing Company _____ Phone # _____

Company Address: _____ City: _____ State: _____ Zip: _____