

180.02.03 – BACKFLOW PREVENTION DEVICE TESTING FORM



Public Utilities Department
 401 Old Honeycutt Road
 Fuquay-Varina, NC 27526
 Phone: 919-753-1028
 Fax: 919-552-7481

Initial Test Date:
Final Test Date:

Site Name and Address:	Owner Name and Address:
Location of Device:	

See Section 130 for additional information on backflow prevention device installation and testing.

Date Installed:	Type of Device:	Size of Device:
Name of Installer:	Plumbing Co.:	Plumbers Lic. No.:
Manufacturer:	Model No.:	Serial No.:

	Check Valve No. 1	Check Valve No. 2	Relief Valve
Initial Test	Held at _____ psid ÿ Leaked ÿ Closed Tight	Held at _____ psid ÿ Leaked ÿ Closed Tight	Held at _____ psid ÿ Leaked ÿ Closed Tight
Final Test	Held at _____ psid ÿ Leaked ÿ Closed Tight	Held at _____ psid ÿ Leaked ÿ Closed Tight	Held at _____ psid ÿ Leaked ÿ Closed Tight
Actions Taken	ÿ Cleaned ÿ Replaced Disc ÿ Replaced Spring ÿ Replaced Guide ÿ Replaced Pin Retainer ÿ Replaced Hinge Pin ÿ Replaced Seat ÿ Replaced Diaphragm	ÿ Cleaned ÿ Replaced Disc ÿ Replaced Spring ÿ Replaced Guide ÿ Replaced Pin Retainer ÿ Replaced Hinge Pin ÿ Replaced Seat ÿ Replaced Diaphragm	ÿ Cleaned ÿ Replaced Disc ÿ Replaced Spring ÿ Replaced Guide ÿ Replaced Pin Retainer ÿ Replaced Hinge Pin ÿ Replaced Seat ÿ Replaced Diaphragm

Testing Company:	Tester:
CCCDI No.:	Plumbing Lic. No.:
Test Kit:	Calibration Date:

Comments:

Final Results (check one): Pass [<input type="checkbox"/>] Fail [<input type="checkbox"/>]
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Tester's Signature:	Date:	Time:
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