



Backflow Test Form

- Submit Test Results at www.bsionline.com within 30 days of test.
- Tests performed with expired test kit calibrations will NOT be accepted.

Customer Confirmation Number (CCN): _____

Find #by e-mailing support@backflow.com or calling 1-888-966-6050

DEVICE INFORMATION:

Serial #: _____

New Assembly ___ Replaced *(list replaced serial #)* _____

Type of Assembly: _____ Size: _____

Manufacturer: _____ Model: _____

LOCATION INFORMATION:

(Please use address where assembly is located)

Customer Name: _____

Street/Apt Address: _____

City/State/Zip Code: _____

Water Line Protected: Domestic ___ Fire ___ Irrigation ___ Assembly is for: Containment ___ Isolation ___

Other: _____ Location on Property: _____

	DC		RP	PVB/SVB
	Check Valve # 1	Check Valve # 2	Pressure Diff. Relief Valve	Air Inlet
Initial Test Date: _____ Time: _____ Line Pressure: _____	Held at _____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> #2 Shut Off Valve Closed Tight? Yes <input type="checkbox"/> No <input type="checkbox"/>	Opened at _____ PSID Did not open <input type="checkbox"/>	Opened at _____ PSID Did not open <input type="checkbox"/> Check Valve Held _____ PSID
Final Test (If repair made) Date: _____ Time: _____ Line Pressure: _____	Held at _____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> #2 Shut Off Valve Closed Tight? Yes <input type="checkbox"/> No <input type="checkbox"/>	Opened at _____ PSID Did not open <input type="checkbox"/>	Opened at _____ PSID Did not open <input type="checkbox"/> Check Valve Held _____ PSID
Air Gap	Measured vertical inches Above overflow rim _____		Supply size diameter _____	

COMMENTS (including maintenance performed)

TESTER INFORMATION (Form must be signed by tester)

Initial Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Tester Name (Print) _____		Company _____		
	Phone # _____		Email Address _____		
	Signature _____		Certified Tester No _____	Exp Date _____	
	Testing Equipment Calibration Date _____		Testing Equipment Serial Number _____		
Final Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Tester Name (Print) _____		Company _____		
	Phone # _____		Email Address _____		
	Signature _____		Certified Tester No _____	Exp Date _____	
	Testing Equipment Calibration Date _____		Testing Equipment Serial Number _____		

BACKFLOW TEST FORM TO BE COMPLETED BY A QUALIFIED TESTER with CURRENT MDNR CERTIFICATION.
The above report is certified to be true at the time of the test.