



# BACKFLOW DEVICE TEST INSPECTION FORM

Please return to:  
City of Columbia  
208 S. Rapp Ave.  
Columbia, IL 62236

*Please Print Clearly*

Property Address: \_\_\_\_\_

Business / Property Owner Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Device Information:**

New Installation  Existing  Replacement  Old Assembly Serial #: \_\_\_\_\_

**Type of Assembly (check one):**

Air Gap  RP  DC  PVB  Other (Specify) \_\_\_\_\_

Make of Assembly: \_\_\_\_\_ Model: \_\_\_\_\_ Size: \_\_\_\_\_ Serial #: \_\_\_\_\_

What hazard is being isolated? (i.e. boiler, irrigation, complete building): \_\_\_\_\_

Describe location of assembly: \_\_\_\_\_

Double Check Assembly				Reduced Pressure Assembly				Pressure Vacuum Breaker				
Initial Test	Outlet Valve	Pass	Fail	1 <sup>st</sup> Check Valve	Pass	Fail	Air Inlet Valve	Pass	Fail			
		psid	Fail		psid	Fail		psig	Fail			
	1 <sup>st</sup> Check Valve	Pass	Fail	Relief Valve Opening Point	Pass	Fail	Check Valve	Pass	Fail			
		psid	Fail		psid	Fail		psig	Fail			
	2 <sup>nd</sup> Check Valve	Pass	Fail	2 <sup>nd</sup> Check Valve	Pass	Fail						
		psid	Fail		psid	Fail						
Re-Test After Repairs					Outlet Valve							
	Outlet Valve	Pass	Fail	1 <sup>st</sup> Check Valve	Pass	Fail	Air Inlet Valve	Pass	Fail			
		psid	Fail		psid	Fail		psig	Fail			
	1 <sup>st</sup> Check Valve	Pass	Fail	Relief Valve Opening Point	Pass	Fail	Check Valve	Pass	Fail			
		psid	Fail		psid	Fail		psig	Fail			
	2 <sup>nd</sup> Check Valve	Pass	Fail	2 <sup>nd</sup> Check Valve	Pass	Fail	AIR GAP INSPECTION: Required Air Gap Separation Provided?					
		psid	Fail		psid	Fail	Yes					
					Outlet Valve				No			

Does the assembly meet proper piping installation requirements? Yes  No

Assembly: Passed \_\_\_\_\_ Failed \_\_\_\_\_ Note: All repairs must be completed within ten (10) days.

Comments: \_\_\_\_\_

**Certified Tester Information – Please Print I CERTIFY THAT ALL INFORMATION ON THIS REPORT IS TRUE AND ACCURATE.**

Tester's Name (printed): \_\_\_\_\_ Cert. #: \_\_\_\_\_

Test Equipment: Make: \_\_\_\_\_ Model: \_\_\_\_\_ SN #: \_\_\_\_\_ Cal Date: \_\_\_\_\_

Tester's CO. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Tester's Signature: \_\_\_\_\_ Date: \_\_\_\_\_