



BACKFLOW DEVICE TEST REPORT

Version 2022-05-01

Name of Premises		Cross Connection Account #	
Service Address			
Location of Device			
Device Supply to: (ex: Fire, Irrigation, Domestic)			
Device (ASSE # or eq.)	Manufacturer	Model	Size
Serial Number (Old)		Serial Number (New)	
Line Pressure at Time of Test _____ lbs.		Pressure Drop Across First Check Valve _____ lbs.	
	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE
FINAL TEST	1. Leaked <input type="checkbox"/> 2. Closed Tight <input type="checkbox"/>	1. Leaked <input type="checkbox"/> 2. Closed Tight <input type="checkbox"/>	1. Opened @ _____ lbs. reduced pressure <input type="checkbox"/> 2. Did Not Open <input type="checkbox"/>
DCDA Meter Reading: _____		PVB/AVB <input type="checkbox"/> Air Inlet Opened At _____ PSID <input type="checkbox"/> Did Not Open	
		<input type="checkbox"/> Check Valve Held At _____ PSID <input type="checkbox"/> Leaked	
Public Water Supply		<input type="checkbox"/> PWCSA <input type="checkbox"/> Virginia American Water (Submit form to VAM in addition to PWC)	

Remarks

The Above Report is Certified to be True	
Tested by:	Signature:
Company Name:	Company Phone #:
Certification #:	
Date:	Passed <input type="checkbox"/> Failed <input type="checkbox"/>
Gauge Man.:	Model #:
Serial #:	Calibration Date:

By checking this box, I agree to electronically signing this form