

## Backflow Test Form

Customer Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_, PA Zip \_\_\_\_\_

**Pictures must be taken by:  
 Plumber/Maintenance Worker**

Pictures must be sent via email to:  
[Info@ReadingAreaWater.com](mailto:Info@ReadingAreaWater.com)

Manufacturer of Device: \_\_\_\_\_ Model #: \_\_\_\_\_

Size of Device: \_\_\_\_\_ Serial #: \_\_\_\_\_

**Meter Number that backflow is attached to:** \_\_\_\_\_

**Read showing on Meter:** \_\_\_\_\_

Location of Assembly and Equipment or System Application: \_\_\_\_\_

**Test Equipment:**

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_ Serial #: \_\_\_\_\_

Calibration Date: \_\_\_\_\_

Date test was performed: \_\_\_\_\_ Time test was performed: \_\_\_\_\_ Static Line Pressure: \_\_\_\_\_

	Check Valve #2	Shutoff valve #2	Check Valve #1	Pressure Differential Relief Valve
Initial Test	Leaking <input type="checkbox"/> Closed Tight <input type="checkbox"/>	Leaking <input type="checkbox"/> Closed Tight <input type="checkbox"/>	Leaking <input type="checkbox"/> Closed Tight <input type="checkbox"/> Pressure Drop Across Check Valve #1 _____psid	Opened at _____psid
Describe parts and repairs when needed				
Final Test	Leaking <input type="checkbox"/> Closed Tight <input type="checkbox"/>	Leaking <input type="checkbox"/> Closed Tight <input type="checkbox"/>	Leaking <input type="checkbox"/> Closed Tight <input type="checkbox"/> Pressure Drop Across Check Valve #1 _____psid	Opened at _____psid

Certified Tester (print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: \_\_\_\_\_

License #: \_\_\_\_\_ Certification #: \_\_\_\_\_

Assembly Final Test Pass   
 Performance Fail

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Comments or Recommendations (continue to other side, if needed):** \_\_\_\_\_