



BACKFLOW DEVICE TEST REPORT

Version PWWaterCCX_20240701
www.princewilliamwater.org

Cross Connections Department
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Date	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed	
Name of Premises			
Service Address			
Location of Device			
Device Supply to: (Ex: Fire, Irrigation, Domestic)			
Device Type (ASSE #)	Manufacturer		
Model #	Size		
Serial # (Existing)	Serial # (New or Replacement)		
Line Pressure at Time of Test _____ lbs.			
INITIAL TEST	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
	Held @ _____ PSI	Held @ _____ PSI	Opened @ _____ PSI
	Leaked..... <input type="checkbox"/>	Leaked..... <input type="checkbox"/>	Did Not Open..... <input type="checkbox"/>
	Closed Tight..... <input type="checkbox"/>	Closed Tight..... <input type="checkbox"/>	
FINAL TEST	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
	Held @ _____ PSI	Held @ _____ PSI	Opened @ _____ PSI
	Leaked..... <input type="checkbox"/>	Leaked..... <input type="checkbox"/>	Did Not Open..... <input type="checkbox"/>
	Closed Tight..... <input type="checkbox"/>	Closed Tight..... <input type="checkbox"/>	
SRVB / PVB INITIAL TEST	Air Inlet Opened at _____ PSI Did Not Open..... <input type="checkbox"/>	Check Valve Held at _____ PSI	
SRVB / PVB FINAL TEST	Air Inlet Opened at _____ PSI Did Not Open..... <input type="checkbox"/>	Check Valve Held at _____ PSI	
Remarks/Repairs:			
TEST GAUGE INFORMATION			
Gauge Manufacturer:		Gauge Model #:	
Gauge Serial #:		Calibration Date:	
CERTIFIED TESTER INFORMATION			
Tester Name:		Company Name:	
Email Address:		Phone #:	
"I have completed the above test and hereby certify that this backflow device performed satisfactorily, and meets all Federal, State, and local codes as required at time of test."			
Signature:		DPOR License #:	

Reports must be submitted no later than 30 days from due date and may be submitted via mail, or email