

SOUTH ISLAND PUBLIC SERVICE DISTRICT

POST OFFICE BOX 5148 • 2 GENESTA STREET • HILTON HEAD ISLAND, SC 29938

Backflow Test Report Form for Backflow Prevention Devices

Date: _____ Device ID: _____

Customer Name: _____

Location Address: _____

Meter Number: _____ Device Type : DCVA / RPPA / PVB

Make: _____ Model: _____

Serial Number: _____ Size: _____

Device Location: _____

Tested By (PRINT): _____

	Check No. 1	Check No. 1	Differential Pressure Relief Valve	#1 Gate or Ball (Circle One)	#2 Gate or Ball (Circle One)
Test Before Repairs	(Mark One) Leaked	(Mark One) Leaked	Opened at _____ lbs. Differential Pressure	(Mark One) Leaked _____	(Mark One) Leaked
	Closed Tight _____	Closed Tight _____		Closed Tight _____	Closed Tight _____
	Drop Across	Drop Across			
Repairs and New Material					
Test After Repairs	(Mark One) Leaked	(Mark One) Leaked	Opened at _____ lbs. Differential Pressure	#1 Gate or Ball (Circle One)	#2 Gate or Ball (Circle One)
	Closed Tight _____	Closed Tight _____		(Mark One) Leaked	(Mark One) Leaked
	Drop Across	Drop Across		Closed Tight _____	Closed Tight _____

Above data certified to be correct.

Tester Signature: _____ Certification umber: _____

Company Name: _____ Company Telephone: _____

Category: General Limited Inspector Tester: _____

Method of Testing: _____ Test Kit Used: _____

Comments: _____
