

Backflow Prevention Device Test Report Hampton Roads Area

Name of Premises: _____

Service Address: _____

Use and location of Device: _____

Device: _____
Manufacturer
Model
Size
Serial Number

Line Pressure at time of test: _____ psi		Existing / Replacement / New Device (Circle one)		
REDUCED PRESSURE DEVICE	Requirements	Initial Test	Repairs	Retest
Check Valve #1 Pressure drop across Ck. Valve #1	Closed tight? Min. of 5 psid	Yes / No (circle) _____ psid (A)		Yes / No (circle) _____ psid
Check Valve #2	Closed tight?	Yes / No (circle)		Yes / No (circle)
Differential Pressure Relief Port	Must open at Min. of 2.0 psid	Opened at _____ psid (B)		Opened at _____ psid
Pressure Buffer		_____ psid		_____ psid
DOUBLE CHECK VALVE	Requirements	Initial Test	Repairs	Retest
Check Valve #1	Closed tight? Min. of 1.0 psid	Yes / No (circle) _____ psid		Yes / No (circle) _____ psid
Check Valve #2	Closed tight? Min. of 1.0 psid	Yes / No (circle) _____ psid		Yes / No (circle) _____ psid
PRESSURE VACUUM BREAKER	Requirements	Initial Test	Repairs	Retest
Air Vent	Opened at Min . of 1.0 psid	Yes / No (circle) _____ psid		Yes / No (circle) _____ psid
Check Valve	Opened at Min . of 1.0 psid	Yes / No (circle) _____ psid		Yes / No (circle) _____ psid

Remarks: _____

Certification: *I have made the above test and hereby certify that this Backflow Prevention Device performs satisfactorily and meets all Federal, state and local codes and regulations as required.*

Tester Name: _____ Date: _____
(Print)
(Signature)

License Number: _____ Expiration Date: _____ City of Certification: _____

Testing Company _____ Phone Number: _____

Company Address: _____

Return Original to: Department of Public Utilities
 Cross-Connection Inspector
 City of Chesapeake
 P.O. Box 15225
 Chesapeake, VA 23328

Telephone Number:
 (757) 382-3414

Fax Number:
 (757) 382-3413