

**THIS FORM IS TO BE COMPLETED BY AN INDIANA CERTIFIED BACKFLOW TESTER.**

Customer and Device Information		
1. Customer name		2. Customer company
3. Customer address (number and street, city, state, and ZIP code)		
4. Location of device (and address if different from customer)		5. Is the device a new assembly? <input type="checkbox"/> Yes <input type="checkbox"/> No Replacing serial number:
6. Type of service <input type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Irrigation		7. Type of assembly <input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> SVB <input type="checkbox"/> Air Gap <input type="checkbox"/> AVB
8. Type of protection <input type="checkbox"/> Isolation <input type="checkbox"/> Containment		9. Serial number of device
10. Size of device	11. Manufacturer of device	12. Model number of device
13. Additional information (optional)		

	14. Test Measurements			
	DC		RP	PVB/SVB
	Check Valve #1	Check Valve #2	Pressure Differential Relief Valve	Air Inlet
<b>Initial</b> Date (mm/dd/yy): _____ Time: _____  <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Held at _____ PSID  <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at _____ PSID  <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Opened at _____ PSID  <input type="checkbox"/> Did Not Open	Opened at _____ PSID  <input type="checkbox"/> Did Not Open Check Valve Held _____ PSID
<b>Final</b> Date (mm/dd/yy): _____ Time: _____  <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Held at _____ PSID  <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at _____ PSID  <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Opened at _____ PSID  <input type="checkbox"/> Did Not Open	Opened at _____ PSID  <input type="checkbox"/> Did Not Open Check Valve Held _____ PSID

<b>AIR GAP</b> Measured vertical inches above overflow rim : _____ Supply size diameter: _____	<b>AVB</b> Opened fully? <input type="checkbox"/> Yes <input type="checkbox"/> No
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15. Comments

Tester Information			
Initial Tester	16. Name and e-mail address of tester		17. Company name of tester (if applicable)
	18. Telephone number	19. Signature and registration number of tester	
	20. Testing equipment serial number		21. Testing equipment calibration date (mm/dd/yy)
Final Tester	22. Name and e-mail address of tester		23. Company name of tester (if applicable)
	24. Telephone number	25. Signature and registration number of tester	
	26. Testing equipment serial number		27. Testing equipment calibration date (mm/dd/yy)

By signing this backflow test report and checking this box, I hereby certify that I am familiar with the information contained in this form and that to the best of my knowledge and belief, such information is true, complete and accurate at the time of the test.