



Backflow Prevention Device Testing, Maintenance & Inspection Report

*Cross Connection Control Certificate
To be Completed by a Certified Backflow Tester*

Address of Device:	_____
Owner / Manager:	_____
Telephone:	_____
Mailing Address:	_____
Contact Person:	_____

Make & Model #:	_____		
Size:	_____		
Type of Device: (Circle One) →	RP	DC	DGDC
Serial #:	_____		
Location of Device:	_____		
Device connected to: (Circle one)	Irrigation	Fire System	Main Service
	Other (please list): _____		

OPERATIONAL TEST					
<u>CHECK VALVE</u>	1.	<u>CHECK VALVE</u>	2.	<u>GATE VALVE</u>	3.
LEAKED	<input type="checkbox"/>	LEAKED	<input type="checkbox"/>	LEAKED	<input type="checkbox"/>
CLOSED TIGHT	<input type="checkbox"/>	CLOSED TIGHT	<input type="checkbox"/>	CLOSED TIGHT	<input type="checkbox"/>
*****PSI READINGS REQUIRED*****					
RECORD DIFF PSI		RECORD DIFF PSI		RECORD DIFF PSI	RELIEF VALVE OPEN AT:

OPERATIONAL TEST AFTER REPAIR					
<u>CHECK VALVE</u>	1.	<u>CHECK VALVE</u>	2.	<u>GATE VALVE</u>	3.
LEAKED	<input type="checkbox"/>	LEAKED	<input type="checkbox"/>	LEAKED	<input type="checkbox"/>
CLOSED TIGHT	<input type="checkbox"/>	CLOSED TIGHT	<input type="checkbox"/>	CLOSED TIGHT	<input type="checkbox"/>
RECORD DIFF PSI		RECORD DIFF PSI		RECORD DIFF PSI	RELIEF VALVE OPEN AT:

Repair Date: _____	Repair Remarks: _____
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Tested By: (please print) _____	BF Certificate #: _____
Company: _____	Business Tel #: _____
Signature: _____	Date: _____

OFFICE USE ONLY