

Carroll County Back Flow Preventor Device Testing Report

Make of device _____
 Model # _____
 Serial # _____
 Property Address: _____

Size _____
 Location in Building _____

	Reduced Pressure Devices			Pressure Vacum Breaker	
	Double Check Devices		Relief Valve	Air Inlet	Check Valve
	1 st Check	2 nd Check		Opened at ____ psid	____ psid Leaked <input type="checkbox"/>
Initial Test	DC-Closed Tight <input type="checkbox"/> RP- ____ psid Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at ____ psid	Did not Open <input type="checkbox"/>	
Repairs & Materials Used					
Test After Repair	DC-Closed Tight <input type="checkbox"/> RP- _____ psid	Closed Tight <input type="checkbox"/>	Opened at ____ psid	Opened at ____ psid	____ psid

The above is certified to be true.

Firm Name _____
 Firm Address _____

Certified Tester _____
 Cert. Tester #. _____ Date _____

Comments:

