

TOWNSHIP OF BRUCE – BUILDING DEPARTMENT

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Backflow Preventer Test Report Form

Property Address:

	Check Valve 1	Check Valve 2	Relief Valve	PVB	Shut Off Valve
Initial Test	<input type="checkbox"/> Held At _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Held At _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Opened At _____ PSID <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Air Inlet Opened at _____ PSID <input type="checkbox"/> Failed <input type="checkbox"/> Check Held At _____ PSID <input type="checkbox"/> Leaked	#1 #2 Closed Tight <input type="checkbox"/> <input type="checkbox"/> Leaked <input type="checkbox"/> <input type="checkbox"/>
STATIC PSI at time of test	_____ PSI	_____ PSI	_____ PSI	_____ PSI	_____ PSI
Repair	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Final Test	_____ PSID <input type="checkbox"/> Closed Tight	_____ PSID <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Opened at _____ PSID	Air Inlet _____ PSID Check Valve _____ PSID	Closed Tight #1 <input type="checkbox"/> #2 <input type="checkbox"/>
Pass <input type="checkbox"/>					
Fail <input type="checkbox"/>					
Date of Test:		Location of Device:			
Equipment Being Protected:					
Device Manufacture/Model #:		Size of Device:		Serial #	
Tester Name:					
Company Name:					
Address:					
Phone#:			Tester Certification #:		
			Plbg. License #:		
Gauge Manufacture:			Model:		
Date of Most Recent Test Gauge Calibration: (must be recalibrated every year)					
Tester Signature			Date:		