



City of Salem  
Department of Engineering and Inspections  
Backflow Device Test Report

**REPORTS NOT FILLED OUT COMPLETELY WILL BE REFUSED**

Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Job Address: \_\_\_\_\_

Building Name: \_\_\_\_\_

Location: \_\_\_\_\_

Water Use: Domestic      Irrigation      Equipment      (Circle One)

Type: New      Annual Test      Repair      (Circle One)

Type of Device: RPZ      Double Check Valve      (Circle One)

Hazard: High      Low      (Circle One)

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Size: \_\_\_\_\_ Serial Number: \_\_\_\_\_

**Test Results Reduced Pressure**

Check Valve	Apparent Pressure Drop	_____
Relief Valve	Operating Pressure (2 lbs. minimum)	_____
Check Valve 2	Held against Backpressure (yes/no)	_____
Check Valve 1	Confirmed Pressure Drop (5 lbs. minimum)	_____

**Test Results Double Check Valve**

Check Valve 1	Different Pressure in Direction of Flow	_____
Check Valve 1	Held against Backpressure (yes/no)	_____
Check Valve 2	Different Pressure in Direction of Flow	_____
Check Valve 2	Held against Backpressure (yes/no)	_____

Installer (if new device): \_\_\_\_\_ Date: \_\_\_\_\_

Tester and Company: \_\_\_\_\_ Date: \_\_\_\_\_

Test Kit Calibration Date: \_\_\_\_\_ Signature: \_\_\_\_\_