

IF THIS IS A NEW INSTALLATION PLEASE ENTER PLUMBING PERMIT# \_\_\_\_\_



Department of Community Development  
21 South Bruffey Street  
P.O. Box 869  
Phone: 540-375-3036 Fax: 540-375-4042  
Email: [communitydev@salemva.gov](mailto:communitydev@salemva.gov)

### BACK FLOW DEVICE TEST REPORT

Name of Homeowner or Premises: \_\_\_\_\_  
Service Address: \_\_\_\_\_  
Mailing Address:(if different) \_\_\_\_\_

Use and location of the assembly: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_ Model : \_\_\_\_\_  
Serial #: \_\_\_\_\_ Size: \_\_\_\_\_  
Line pressure at time of test: \_\_\_\_\_

New Installation  Replacement Assembly  Existing Assembly  Retest?   
RPA/RPDA  DCVA/DCDA  PVB  SVB

Check Valve #1	Check Valve #2	Differential Pressure Relief Valve	Pressure Vacuum Breaker
<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	Opened at _____ PSI <input type="checkbox"/> Did Not Open	Air Inlet opened at _____ PSI <input type="checkbox"/> Did Not Open
Drop Across CV #1 _____ PSI	Drop Across CV #2 _____ PSI	Buffer _____ PSI	Check Valve _____ PSI <input type="checkbox"/> Leaked

Condition of outlet control valve: Closed Tight  Leaking

Remarks: \_\_\_\_\_

**CERTIFICATION: I have completed the above test and hereby certify that this backflow device performed satisfactorily and meets all Federal, State, and local codes and regulations as required.**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Tester Certification #: \_\_\_\_\_

Name of Tester (Print): \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Telephone: \_\_\_\_\_

Signature of Tester: \_\_\_\_\_

Gauge Manufacturer and Model: \_\_\_\_\_ Serial #: \_\_\_\_\_

Date of Last Calibration of Test Gauges: \_\_\_\_\_

**THIS ASSEMBLY TEST:** PASSED  FAILED