



City of Salem
Department of Community Development
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 **(Check One)**

Type: New Annual Test Repair **(Check One)**

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

Hazard: High Low **(Check 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: _____