



# BACKFLOW DEVICE TEST INSPECTION FORM

Please return to:  
City of Columbia  
208 S. Rapp Ave.  
Columbia, IL 62236

*Please Print Clearly*

Property Address: \_\_\_\_\_

Business / Property Owner Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Device Information:**

New Installation  Existing  Replacement  Old Assembly Serial #: \_\_\_\_\_

**Type of Assembly (check one):**

Air Gap  RP  DC  PVB  Other (Specify) \_\_\_\_\_

Make of Assembly: \_\_\_\_\_ Model: \_\_\_\_\_ Size: \_\_\_\_\_ Serial #: \_\_\_\_\_

What hazard is being isolated? (i.e. boiler, irrigation, complete building): \_\_\_\_\_

Describe location of assembly: \_\_\_\_\_

Double Check Assembly				Reduced Pressure Assembly				Pressure Vacuum Breaker			
Initial Test	Outlet Valve	Pass	Fail	1 <sup>st</sup> Check Valve	Pass	Fail	Air Inlet Valve	Pass	Fail		
		psid	Fail		psid	Fail		psig	Fail		
	1 <sup>st</sup> Check Valve	Pass	Fail	Relief Valve Opening Point	Pass	Fail	Check Valve	Pass	Fail		
		psid	Fail		psid	Fail		psig	Fail		
	2 <sup>nd</sup> Check Valve	Pass	Fail	2 <sup>nd</sup> Check Valve	Pass	Fail	Outlet Valve				
		psid	Fail		psid	Fail					
Re-Test After Repairs					Pass	Fail					
	Outlet Valve	Pass	Fail	1 <sup>st</sup> Check Valve	Pass	Fail	Air Inlet Valve	Pass	Fail		
		psid	Fail		psid	Fail		psig	Fail		
	1 <sup>st</sup> Check Valve	Pass	Fail	Relief Valve Opening Point	Pass	Fail	Check Valve	Pass	Fail		
		psid	Fail		psid	Fail		psig	Fail		
	2 <sup>nd</sup> Check Valve	Pass	Fail	2 <sup>nd</sup> Check Valve	Pass	Fail	AIR GAP INSPECTION: Required Air Gap Separation Provided?				
		psid	Fail		psid	Fail	Yes				
					Pass	Fail	No				

Does the assembly meet proper piping installation requirements? Yes  No

Assembly: Passed \_\_\_\_\_ Failed \_\_\_\_\_ Note: All repairs must be completed within ten (10) days.

Comments: \_\_\_\_\_

**Certified Tester Information – Please Print I CERTIFY THAT ALL INFORMATION ON THIS REPORT IS TRUE AND ACCURATE.**

Tester's Name (printed): \_\_\_\_\_ Cert. #: \_\_\_\_\_

Test Equipment: Make: \_\_\_\_\_ Model: \_\_\_\_\_ SN #: \_\_\_\_\_ Cal Date: \_\_\_\_\_

Tester's CO. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Tester's Signature: \_\_\_\_\_ Date: \_\_\_\_\_