

## Backflow Device Test Report

Name of Premises			
Service Address			
Location of Device			
Device Info	Manufacturer	Model	Size & Serial Number
Line Pressure at Time of Test _____ LBS		Pressure Drop Across First Check Valve _____ LBS	
<b>INITIAL TEST</b>	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve
	1. Leaked <input type="checkbox"/>	1. Leaked <input type="checkbox"/>	1. Leaked <input type="checkbox"/>
	2. Closed tight <input type="checkbox"/>	2. Closed tight <input type="checkbox"/>	2. Closed tight <input type="checkbox"/>
<b>R E P A I R S</b>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>
	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>
			Disc Upper <input type="checkbox"/>
	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	Disc Lower <input type="checkbox"/>
	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>
	Guide <input type="checkbox"/>	Guide <input type="checkbox"/>	Diaphragm Large <input type="checkbox"/>
	Pin Retainer <input type="checkbox"/>	Pin Retainer <input type="checkbox"/>	Upper <input type="checkbox"/>
	Hinge Pin <input type="checkbox"/>	Hinge Pin <input type="checkbox"/>	Lower <input type="checkbox"/>
	Seat <input type="checkbox"/>	Seat <input type="checkbox"/>	Diaphragm Small <input type="checkbox"/>
	Diaphragm <input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Upper <input type="checkbox"/>
Other, Describe <input type="checkbox"/>	Other, Describe <input type="checkbox"/>	Lower <input type="checkbox"/>	
		Space <input type="checkbox"/>	
		Other, Describe <input type="checkbox"/>	
<b>FINAL TEST</b>	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ lbs. reduced pressure.

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

<b>The above report is certified to be true:</b>	
Return Report to the Harford County Department of Inspections, Licenses, and Permits  Plumbing@harfordcountymd.gov 410-638-3215	<b>Tested by</b> Certification No. _____
	<b>Repaired by</b> Certification No. _____
	<b>Final Test by</b> Certification No. _____