

CHARTER TOWNSHIP OF SHELBY – BUILDING DEPARTMENT

52700 Van Dyke, Shelby Township, MI 48316 Phone: (586) 731-5969 Fax: (586) 803-2099

BACKFLOW PREVENTER TEST REPORT FORM

Property Address:

	Check Valve 1	Check Valve 2	Relief Valve	PVB	Shut Off Valve
Initial Test	Held At _____PSID Closed Tight Leaked	Held At _____PSID Closed Tight Leaked	Opened At _____PSID Did Not Open	Air Inlet Opened at _____PSID Failed Check Held At _____PSID Leaked	#1 #2 Closed Tight Leaked
STATIC PSI at time of test	_____PSI	_____PSI	_____PSI	_____PSI	_____PSI
Repair	Yes	Yes	Yes	Yes	Yes
Final Test	_____PSID Closed Tight	_____PSID Closed Tight	Opened at _____PSID	Air Inlet _____PSID Check Valve _____PSID	Closed Tight #1 #2
Pass Fail					
Date of Test:		Location of Device:			
Equipment Being Protected:					
Device Manufacture/Model #:			Size of Device:	Serial #	
Tester Name:					
Company Name:					
Address:					
Phone#:			Tester Certification #:		
Gauge Manufacture:			Model:		
Date of Most Recent Test Gauge Calibration: (must be recalibrated every three years)					
Tester Signature			Date:		