

CHARTER TOWNSHIP OF SHELBY - DEPARTMENT OF PUBLIC WORKS

6333 23 Mile Road, Shelby Township MI 48316

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BACKFLOW PREVENTER TEST REPORT FORM

Property Address:

	Check Valve 1	Check Valve 2	Relief Valve	PVB	Shut Off Valve
Initial Test	<input type="checkbox"/> Held At <input type="checkbox"/> PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Held At <input type="checkbox"/> PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Opened At <input type="checkbox"/> PSID <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Air Inlet <input type="checkbox"/> Opened At <input type="checkbox"/> PSID <input type="checkbox"/> Failed <input type="checkbox"/> Leaked <input type="checkbox"/> Check Held At <input type="checkbox"/> PSID	#1 #2 Closed Tight <input type="checkbox"/> <input type="checkbox"/> Leaked <input type="checkbox"/> <input type="checkbox"/>
Static PSI at time of test	_____ PSI	_____ PSI	_____ PSI	_____ PSI	_____ PSI
Repair	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Final Test	<input type="checkbox"/> Closed Tight <input type="checkbox"/> PSID	<input type="checkbox"/> Closed Tight <input type="checkbox"/> PSID	<input type="checkbox"/> Opened At <input type="checkbox"/> PSID	<input type="checkbox"/> Air Inlet <input type="checkbox"/> PSID <input type="checkbox"/> Check Valve <input type="checkbox"/> PSID	#1 #2 Closed Tight <input type="checkbox"/> <input type="checkbox"/>
Passed	<input type="checkbox"/>				
Failed	<input type="checkbox"/>				
Date of Test:		Location of Device:			
Equipment Being Protected:					
Device Manufacturer / Model #:			Size of Device:		Serial #:
Tester Name:					
Company Name:					
Address:					
Phone #:			Tester Certification #:		
Guage Manufacturer:			Model:		
Date of Most Recent Test Guage Calibration:					
<small>(Must be recalibrated every three years)</small>					
Tester Signature:				Date:	