



City of Norfolk

Department of Planning - Division of Building Services
Office of Cross Connections
400 Granby Street - Norfolk, Virginia 23510
(757) 664-6815 FAX (757) 664-6841

Backflow Prevention Device Test Report

Name of Premises _____

Service Address _____

Use & Location of Device _____

Device _____

Manufacturer

Model

Size

Serial No.

Line Pressure at Time of Test _____ psi

Circle one EXISTING/REPLACEMENT/NEW

<i>Reduced Pressure Zone Device</i>	<i>Requirement</i>	<i>Initial Test</i>	<i>Repairs</i>	<i>Retest</i>
Check valve #1 Pressure drop across Check valve #1	Closed Tight min. of 5.0 psid	Yes /No (Circle one) _____ psid (A)		Yes /No (Circle one) _____ psid (A)
Check Valve #2	Closed Tight	Yes/No (Circle one)		Yes/No (Circle one)
Differential Pressure Relief Port	Must open @ min. of 2.0 psid	Opened @ _____ psid (B)		Opened @ _____ psid (B)
Pressure Buffer	A - B >= 3.0 psid	_____ psid		_____ psid
<i>Double Check Valve Device</i>	<i>Requirement</i>	<i>Initial Test</i>	<i>Repairs</i>	<i>Retest</i>
Check Valve #1	Closed Tight @ Min. of 1.0 psid	Yes/No (Circle one) _____ psid		Yes/No (Circle one) _____ psid
Check Valve #2	Closed Tight @ Min. of 1.0 psid	Yes/No (Circle one) _____ psid		Yes/No (Circle one) _____ psid
<i>Pressure Vacuum Breaker</i>	<i>Requirement</i>	<i>Initial Test</i>	<i>Repairs</i>	<i>Retest</i>
Air Inlet	Closed @ min. of 1.0 psid	Yes/No (Circle one) _____ psid		Yes/No (Circle one) _____ psid
Check Valve	Closed @ min. of 1.0 psid	Yes/No (Circle one) _____ psid		Yes/No (Circle one) _____ psid

Remarks _____

Certification: I have made the above test and hereby certify that this backflow prevention device performed satisfactorily and meets all federal, state and local codes and regulations as required.

Tester Name _____ Date _____

(Print)

(Signature)

Test Kit Serial Number _____ Calibration Date _____

License # _____ Expiration Date _____ City of Certification _____

Testing Company _____ Phone # _____

Company Address _____