

## Backflow Prevention Device Test Report Hampton Roads Area

Name of Premises:

Service Address:

Use and location of Device:

Device:

Manufacturer

Model

Size

Serial Number

Line Pressure at time of test:      psi		<input type="checkbox"/> Existing <input type="checkbox"/> Replacement <input type="checkbox"/> New Device			
REDUCED PRESSURE DEVICE		Requirements	Initial Test	Repairs	Retest
Check Valve #1 Pressure drop across Ck. Valve #1	Closed tight? Min. of 5 psid	<input type="checkbox"/> Yes <input type="checkbox"/> No psid (A)			<input type="checkbox"/> Yes <input type="checkbox"/> No psid
Check Valve #2	Closed tight?	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Differential Pressure Relief Port	Must open at Min. of 2.0 psid	Opened at psid (B)			Opened at psid
Pressure Buffer		psid			psid
DOUBLE CHECK VALVE		Requirements	Initial Test	Repairs	Retest
Check Valve #1	Closed tight? Min. of 1.0 psid	<input type="checkbox"/> Yes <input type="checkbox"/> No psid			<input type="checkbox"/> Yes <input type="checkbox"/> No psid
Check Valve #2	Closed tight? Min. of 1.0 psid	<input type="checkbox"/> Yes <input type="checkbox"/> No psid			<input type="checkbox"/> Yes <input type="checkbox"/> No psid
PRESSURE VACUUM BREAKER		Requirements	Initial Test	Repairs	Retest
Air Vent	Opened at Min . of 1.0 psid	<input type="checkbox"/> Yes <input type="checkbox"/> No psid			<input type="checkbox"/> Yes <input type="checkbox"/> No psid
Check Valve	Opened at Min . of 1.0 psid	<input type="checkbox"/> Yes <input type="checkbox"/> No psid			<input type="checkbox"/> Yes <input type="checkbox"/> No psid

Remarks:

**Certification:** *I have made the above test and hereby certify that this Backflow Prevention Device performs satisfactorily and meets all Federal, state and local codes and regulations as required.*

Tester Name:

\_\_\_\_\_ Date:  
(Signature)

License Number:

Expiration Date:

City of Certification:

Testing Company:

Phone Number:

Company Address:

Return Original to: Department of Public Utilities  
Cross-Connection Inspector  
City of Chesapeake  
P.O. Box 15225  
Chesapeake, VA 23328

Telephone Number:  
(757) 382-3414

Fax Number:  
(757) 382-3413