



Name of Owner:		Date:	
Service Address:			
Zip Code:			
Location of Assembly:		Line Pressure:          PSI	
Service Meter No.		Above Grade: <input type="checkbox"/> Below Grade: <input type="checkbox"/>	
Assembly Type: <input type="checkbox"/> RP <input type="checkbox"/> RPDA <input type="checkbox"/> DC <input type="checkbox"/> DCDA    PVB	<input type="checkbox"/> New <input type="checkbox"/> Recertification <input type="checkbox"/> Replaced	<input type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Reuse    Irrigation <input type="checkbox"/> Containment <input type="checkbox"/> Isolation	
		Time of Test:                  AM <input type="checkbox"/> PM <input type="checkbox"/>	
Manufacturer: _____ Model: _____ Size: _____          Serial #: _____		Assembly: <input type="checkbox"/> Passed <input type="checkbox"/> Failed Plumbing/Fire Permit# _____	
Test Kit Model: _____		Serial No: _____	
Calibration Date: _____			
<b>Relief Valve</b>	<b>No. 1 Check Valve</b>	<b>No. 2 Check Valve</b>	<b>Pressure Vacuum Breaker/Spill Resistant Vacuum Breaker</b>
Opened At _____ PSID Step Buffer _____ PSID <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Diff. Pressure Across Check Valve _____ PSID	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Diff. Pressure Across Check Valve _____ PSID	Air Inlet Open At _____ PSID <input type="checkbox"/> Did Not Open Checkvalve <input type="checkbox"/> Leaked Held At _____ PSID
<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> RV Assembly	<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> RV Assembly	<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> RV Assembly	<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> RV Assembly
Opened At _____ PSID Buffer _____ PSID	<input type="checkbox"/> Closed Tight _____ PSID	<input type="checkbox"/> Closed Tight _____ PSID	Air Inlet _____ PSID Check Valve _____ PSID
Shut Off Valve #1 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight		Shut Off Valve #2 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	
Please add serial number in comments section when replacing a backflow assembly. Comments: _____ _____			
I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.  Printed Name: _____  Signature: _____ Certification #: _____  Testing Company: _____ Phone: _____			
Passing reports are to be submitted within 15 days of testing For information concerning failed test reports, visit www.raleighnc.gov-Cross Connection Control Program			



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		Time of Test:                  AM <input type="checkbox"/> PM <input type="checkbox"/>	
Manufacturer: _____		Assembly: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	
Model: _____		Plumbing/Fire Permit# _____	
Size: _____          Serial #: _____			
Test Kit Model: _____		Serial No: _____	
Calibration Date: _____			
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Opened At _____ PSID Buffer _____ PSID	<input type="checkbox"/> Closed Tight _____ PSID	<input type="checkbox"/> Closed Tight _____ PSID	Air Inlet _____ PSID Check Valve _____ PSID
Shut Off Valve #1  <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight		Shut Off Valve #2  <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	
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