

## Carroll County Back Flow Preventor Device Testing Report

Make of device \_\_\_\_\_  
 Model # \_\_\_\_\_  
 Serial # \_\_\_\_\_  
 Property Address: \_\_\_\_\_  
 \_\_\_\_\_

Size \_\_\_\_\_  
 Location in Building \_\_\_\_\_  
 \_\_\_\_\_

	Reduced Pressure Devices			Pressure Vacuum Breaker	
	Double Check Devices		Relief Valve	Air Inlet	Check Valve
	1 <sup>st</sup> Check	2 <sup>nd</sup> Check		Opened at _____psid	_____psid Leaked <input type="checkbox"/>
Initial Test	DC-Closed Tight <input type="checkbox"/> RP- _____ psid  Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/>  Leaked <input type="checkbox"/>	Opened at _____ psid	Did not Open <input type="checkbox"/>	
Repairs & Materials Used					
Test After Repair	DC-Closed Tight <input type="checkbox"/> RP- _____ psid	Closed Tight <input type="checkbox"/>	Opened at _____ psid	Opened at _____ psid	_____psid

The above is certified to be true.

Firm Name \_\_\_\_\_  
 Firm Address \_\_\_\_\_  
 \_\_\_\_\_

Certified Tester \_\_\_\_\_  
 Cert. Tester #. \_\_\_\_\_ Date \_\_\_\_\_

**Comments:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_