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**BACK FLOW DEVICE TEST REPORT FORM**

Date: \_\_\_\_\_

Account Name / Business Name: \_\_\_\_\_

Account Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Meter Number : \_\_\_\_\_

Device Name: \_\_\_\_\_ Model Number: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Size: \_\_\_\_\_

Device Location: \_\_\_\_\_

Tested by ( PRINT ): \_\_\_\_\_

	Check No. 1	Check No. 2	Air- Inlet Valve or Relief Valve	#1 Gate or Ball ( Circle One )	#2 Gate or Ball ( Circle One )
Test before repairs	(Mark One) Leaked _____ Closed _____ Tight _____ Diff Press /	(Mark One) Leaked _____ Closed _____ Tight _____ Diff Press /	Opened at _____ lbs. Differential Pressure	(Mark One) Leaked _____ Closed _____ Tight _____	(Mark One) Leaked _____ Closed _____ Tight _____
Repairs and new materials					
Test after repairs	(Mark One) Leaked _____ Closed _____ Tight _____ Diff Press /	(Mark One) Leaked _____ Closed _____ Tight _____ Diff Press /	Opened at _____ lbs. Differential Pressure	(Mark One) Leaked _____ Closed _____ Tight _____	(Mark One) Leaked _____ Closed _____ Tight _____

Above data certified to be correct.

Tester Signature: \_\_\_\_\_ Certification Number: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Telephone Number: \_\_\_\_\_

Category: \_\_\_\_\_ General \_\_\_\_\_ Limited \_\_\_\_\_ Inspector Tester

Method of Testing: \_\_\_\_\_ Test Kit Used: \_\_\_\_\_

Comments: \_\_\_\_\_

