

South Island Public Service District
PO Box 5148
Hilton Head Island, SC 29938
Phone: 843-785-6224 E-Mail: lynn@sipsd.com

Backflow 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. 1	Differential Pressure Relief Valve	#1 Gate or Ball (Circle One)	#2 Gate or Ball (Circle One)
Test Before Repairs	(Mark One) Leaked _____ Closed Tight _____	(Mark One) Leaked _____ Closed Tight _____	Opened at _____ lbs. Differential Pressure	(Mark One) Leaked _____ Closed Tight _____	(Mark One) Leaked _____ Closed Tight _____
	Drop Across	Drop Across			
Repairs and New Material					
Test After Repairs	(Mark One) Leaked _____ Closed Tight _____	(Mark One) Leaked _____ Closed Tight _____	Opened at _____ lbs. Differential Pressure	#1 Gate or Ball (choose one) GATE BALL	#2 Gate or Ball (choose one) GATE BALL
	Drop Across	Drop Across		(Mark One) Leaked _____ Closed Tight _____	(Mark One) Leaked _____ Closed Tight _____

Above data certified to be correct.

Tester Signature: _____ Certification Number: _____

Company Name: _____ Company Telephone: _____

Category: _____ General _____ Limited _____ Inspector Tester

Method of Testing: _____ Test Kit Used: _____

Comments: _____
