

**South Island Public Service District**  
**PO Box 5148**  
**Hilton Head Island, SC 29938**  
**Phone: 843-785-6224 E-Mail: cheryl@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)<br>Leaked _____<br>Closed Tight _____ | (Mark One)<br>Leaked _____<br>Closed Tight _____ | Opened at _____ lbs.<br>Differential Pressure | (Mark One)<br>Leaked _____<br>Closed Tight _____           | (Mark One)<br>Leaked _____<br>Closed Tight _____           |
|                          | Drop Across                                      | Drop Across                                      |   |  |  |
| Repairs and New Material |  |  |   |  |  |
| Test After Repairs       | (Mark One)<br>Leaked _____<br>Closed Tight _____ | (Mark One)<br>Leaked _____<br>Closed Tight _____ | Opened at _____ lbs.<br>Differential Pressure | #1 Gate or Ball (choose one)<br>GATE                  BALL | #2 Gate or Ball (choose one)<br>GATE                  BALL |
|                          | Drop Across                                      | Drop Across                                      |   | (Mark One)<br>Leaked _____<br>Closed Tight _____           | (Mark One)<br>Leaked _____<br>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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_