



**Department of Building Inspections  
City of Manassas Park  
One Park Center Court  
Manassas Park, Virginia 20111  
(703)-335-8815**

**Backflow Device Test Report**

Name of Business or Premises: \_\_\_\_\_  
 Service Address: \_\_\_\_\_  
 Location of Device \_\_\_\_\_

Preventing Backflow From-Sprinkler:[ ] Domestic:[ ] Irrigation:[ ] Boilerfeed:[ ] Other: \_\_\_\_\_

Device Manufacturer \_\_\_\_\_ (Model) \_\_\_\_\_ (Size) \_\_\_\_\_ Serial No. \_\_\_\_\_

	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve
<b>Initial Test</b>	1. Leaked [ ]	1. Leaked [ ]	1. Opened at lbs/kpa reduced pressure
	2. Closed Tight [ ]	2. Closed Tight [ ]	2. Did not open [ ]
	Cleaned [ ]	Cleaned [ ]	Cleaned [ ]
	Replaced	Replaced	Replaced
	Disc [ ]	Disc [ ]	Disc, Upper [ ]
	Spring [ ]	Spring [ ]	Disc, lower [ ]
	Guide [ ]	Guide [ ]	Spring [ ]
	Pin Retainer [ ]	Pin Retainer [ ]	Diaphragm, Large
	Hinge pin [ ]	Hinge pin [ ]	Upper [ ]
	Seat [ ]	Seat [ ]	Lower [ ]
	Diaphragm [ ]	Diaphragm [ ]	Diaphragm, Small
	Other, Describe [ ]	Other, Describe [ ]	Upper [ ]
			Lower [ ]
			Spacer, Lower [ ]
		Other, Describe [ ]	
<b>Final Test</b>	Closed Tight [ ]	Closed Tight [ ]	Opened at lbs/kpa reduced pressure

Remarks: \_\_\_\_\_

**THE ABOVE INFORMATION AND REPORT IS CERTIFIED TO BE TRUE**

Name of Testing Company: \_\_\_\_\_  
 (Print clearly) Name of Tester : \_\_\_\_\_  
 Tester Certification Number: \_\_\_\_\_  
 Phone Number: ( ) - E-mail address (if applicable): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Initial Test Date: / / \_\_\_\_\_  
 Final Test Date: / / \_\_\_\_\_

Signature of tester: \_\_\_\_\_