

<b>Nebraska Rural Water Association</b> MUST BE TYPED OR COMPLETED IN INK	<b>PRESSURE VACUUM BREAKER</b> <b>TEST REPORT</b>
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Name of Premises (Company, Person, etc.) \_\_\_\_\_

Service Address _____	City _____	State _____	Zip _____
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Mailing Address (If different from above) _____	City _____	State _____	Zip _____
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Location of Device \_\_\_\_\_

Device Type _____	Manufacturer _____	Serial No. _____	Model No. _____	Size _____
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Substance or Use for Which Device is Installed \_\_\_\_\_

Line Pressure at Time of Test (at inlet test cock) \_\_\_\_\_ PSI

INITIAL TEST	Check Valve #1 Spring loading _____ 1. Leaked <input type="checkbox"/> 2. Closed Tight <input type="checkbox"/>	Air Inlet Opened at _____ PSI <input type="checkbox"/> Did Not Open	Date Installed _____ Date Rebuilt _____	Shut-Off Valves #1 #2 1. Leaked <input type="checkbox"/> <input type="checkbox"/> 2. Closed Tight <input type="checkbox"/> <input type="checkbox"/>
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Describe Repairs Necessary to Return Device to Proper Operating Condition (Cleaning is a Repair)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE: Fill in Only if Device Requires Maintenance**

FINAL TEST	Check Valve #1 Spring loading _____ Closed Tight <input type="checkbox"/>	Air Inlet Opened at _____ PSI	Shut-off Valves #1 #2 Closed Tight <input type="checkbox"/> <input type="checkbox"/>
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Remarks:

This is to verify that the tester arrived at \_\_\_\_\_ a.m. / p.m.

and completed work at \_\_\_\_\_ a.m. / p.m.

By: \_\_\_\_\_

Owner's Representative

Backflow Tester Information

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Serial No.: \_\_\_\_\_ Date Last Certified: \_\_\_\_\_

Initial test performed by: (Print) _____ (Signature) _____	Company _____	Cert No. _____ Expiration Date _____	Date of Testing _____
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Repaired by: (Print) _____ (Signature) _____	Company _____	Cert No. _____ Expiration Date _____	Date of Repair _____
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Final test performed by: (Print) _____ (Signature) _____	Company _____	Cert No. _____ Expiration Date _____	Date of Testing _____
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