

Nebraska Rural Water Association MUST BE TYPED OR COMPLETED IN INK			REDUCED PRESSURE ZONE TEST REPORT			
Name of Premises (Company, Person, etc.) _____						
Service Address _____			City _____	State _____	Zip _____	
Mailing Address _____			City _____	State _____	Zip _____	
Location of Device _____						
Device Type _____		Manufacturer _____		Serial No. _____	Model No. _____	
Substance or Use for Which Device is Installed _____			Spring loading # 1 Check Valve _____			
Line Pressure at Time of Test (at inlet test cock) _____ PSI			Relief Valve Opened at _____			
			Difference _____			
INITIAL TEST	Check Valves		Relief Valve Opened at _____ PSID	Date Installed _____	Shut-Off Valve	
	# 1	# 2			#2	
	Spring loading	_____	_____		1. Leaked	<input type="checkbox"/>
	1. Leaked	<input type="checkbox"/>	<input type="checkbox"/>		2. Closed Tight	<input type="checkbox"/>
	2. Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Did Not Open						
Date Rebuilt _____						
1. Leaked <input type="checkbox"/> 2. Closed Tight <input type="checkbox"/>						
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	#2	Relief Valve Opened at _____ PSID	#1 check spring _____	Shut-off Valve
	Spring loading	_____	_____		Relief valve _____	#2
	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>		Difference _____	Closed Tight <input type="checkbox"/>
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. _____	Date of Testing _____	
				Expiration Date _____		
Repaired by: (Print) _____ (Signature) _____		Company _____		Cert No. _____	Date of Repair _____	
				Expiration Date _____		
Final test performed by: (Print) _____ (Signature) _____		Company _____		Cert No. _____	Date of Testing _____	
				Expiration Date _____		