



**CITY OF MANASSAS
UTILITIES DEPARTMENT/ WATER & SEWER**
8500 Public Works Drive
Manassas, VA 20110
Telephone: 703/257-8380 Fax: 703/257-5277

BACKFLOW PREVENTION DEVICE TEST REPORT

(A Separate Form is required for Each Device Tested)

REPORT MUST BE COMPLETE AND LEDGABLE

PART A: GENERAL INFORMATION					
Facility Name:					
Address:					
Point of Contact (Name):				Phone:	
Location of Backflow Preventer:					
Equipment or System Served:					
Type of Device (circle one):	RPZ	DCV	PVB	AVB	Other (write in):
Condition of Device (circle one):	New	Existing	Replacement	Size:	
Mfgr:	Model No:			Serial No.	

PART B: TEST RESULTS					
Water supply pressure at time of test:					psi
Apparent/static pressure drop across 1st check valve (3.0 minimum):					psid
INITIAL TEST (circle selection)	No. 1 Check Valve		No. 2 Check Valve		Diff. Relief Valve
	Leaked		Leaked		Opened @ _____ psid
	Closed Tight		Closed Tight		Did not open
PASS	Shut-off Valve No. 2		Closed Tight	Leaked	
FAIL	PVB		Air Inlet		Check Valve
			Opened @ _____ psid		Closed tight @ _____ psid
			Did Not Open		
FINAL TEST (circle selection)	No. 1 Check Valve		No. 2 Check Valve		Diff. Relief Valve
	Leaked		Leaked		Opened @ _____ psid
	Closed Tight		Closed Tight		Did not open
PASS	Shut-off Valve No. 2		Closed Tight	Leaked	
FAIL	PVB		Air Inlet		Check Valve
			Opened @ _____ psid		Closed tight @ _____ psid
			Did Not Open		
Additional Information/Comments/Maintenance Performed/Parts Replaced:					

PART C: CERTIFICATION					
I hereby certify that the information provided in this report was true at the time of the test.					
Print Name	(First)	(MI)	(Last)		
Signature:					
City Registration Card No:					
Permit No. (if applicable):				Test Date:	