



MRWC

BACKFLOW DEVICE TEST REPORT FORM

P.O. Box 823 • 1779 Cross Keys Highway • Union, SC 29739 • (864)427-5832 • (866)296-8454

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. 2		Air-Inlet Valve or Relief Valve	#1 Gate or Ball (Circle One)	#2 Gate or Ball (Circle One)
Test Before Repairs	(Mark One) Leaked _____	(Mark One) Closed _____	(Mark One) Leaked _____	(Mark One) Closed _____	Opened at _____ lbs. Differential Pressure	(Mark One) Leaked _____	(Mark One) Leaked _____
	Tight _____	Tight _____	Tight _____	Tight _____		Tight _____	Tight _____
	Diff Press		Diff Press				
Repairs and New Materials							
Test After Repairs	(Mark One) Leaked _____	(Mark One) Closed _____	(Mark One) Leaked _____	(Mark One) Closed _____	Opened at _____ lbs. Differential Pressure	(Mark One) Leaked _____	(Mark One) Leaked _____
	Tight _____	Tight _____	Tight _____	Tight _____		Tight _____	Tight _____
	Diff Press		Diff Press				

Above data certified to be correct.

Tester Signature: _____ Certification Number: _____

Company Name: _____ Company Telephone Number: _____

Category: _____ General _____ Limited _____ Inspector Tester

Method of Testing: _____ Test Kit Used: _____

Comments: _____

