

**Gun Plain Charter Township  
Cross Connection Control  
Backflow Prevention Device Test Report**

**Device Location Information**

Owners Name: \_\_\_\_\_

Owners Address: \_\_\_\_\_

**Device Information**

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

Serial #: \_\_\_\_\_

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

Size: \_\_\_\_\_

Location: \_\_\_\_\_

**Reduced Pressure Principle Backflow Preventer**

1 <sup>st</sup> Shut Off Valve:	Closed_____	Leaked_____
2 <sup>nd</sup> Shut Off Valve:	Closed_____	Leaked_____
1 <sup>st</sup> Check Valve:	Closed_____	Leaked_____ PSID_____
2 <sup>nd</sup> Check Valve:	Closed_____	Leaked_____ PSID_____
Relief:	Opened_____	Malfunctioned_____ PSID_____

**Double Check Valve Assembly**

1 <sup>st</sup> Shut Off Valve:	Closed_____	Leaked_____
2 <sup>nd</sup> Shut Off Valve:	Closed_____	Leaked_____
1 <sup>st</sup> Check Valve:	Closed_____	Leaked_____ PSID_____
2 <sup>nd</sup> Check Valve:	Closed_____	Leaked_____ PSID_____

**Pressure or Spill Resistant Vacuum Breaker**

Air Inlet:	Opened_____	Malfunctioned_____	PSID_____
Check:	Closed_____	Leaked_____	PSID_____

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Passed:       Repaired:       Replaced:

Certification: On this date, the above device was tested per applicable codes and the required performance standards.

Tester Name: \_\_\_\_\_ Tester ASSE Certification #: \_\_\_\_\_

Testing Firm: \_\_\_\_\_ Testing Firm Phone #: \_\_\_\_\_

Testing Firm Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tester Signature: \_\_\_\_\_

Date: \_\_\_\_\_