



Roanoke County Backflow Prevention Assembly Test Form

5204 Bernard Dr.
P.O. Box 29800
Roanoke, VA 24018
Phone (540) 772-2065 – Fax (540) 772-2108



Name of Premises: _____

Service Address: _____

Mailing Address: (if different) _____

Phone number: _____ Fax Number: _____

Use of Devise: _____	Existing <input type="checkbox"/>	Date Test Was Performed: _____
Location of Device: _____	New <input type="checkbox"/>	Time of Day Test Was Performed: _____
Serial #:	Replaced <input type="checkbox"/>	
Mfg.: _____	Reduced Pressure Zone <input type="checkbox"/>	Line Pressure At Time of Test: _____
Model: _____	Double Check <input type="checkbox"/>	
Size: _____	Pressure Vacuum Breaker <input type="checkbox"/>	

Check Valve #1	Check Valve #2	Relief Valve	Pressure Vacuum Breaker
Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Opened at _____ psi	Air Inlet: Opened at _____ psi
Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Did not open <input type="checkbox"/>	Did not open <input type="checkbox"/>
Value _____ psi	Value _____ psi		Check Valve: Held at _____ psi Leaked <input type="checkbox"/>

****** Note: All Repairs or Replacements Shall Be Completed Within Ten (10) Days******

Testing Company: _____ Phone #/Fax # _____

Address: _____ City: _____ State: _____

Tester's Name (Please Print): _____

Cert. #: _____ Expiration Date: _____

I hereby certify that the data in this report is accurate and reflects the proper operation and maintenance of this unit.

Tester's Signature: _____