



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