



Henrico County, Virginia
Department of Public Utilities

10401 Woodman Rd, Glen Allen, VA 23060

Phone: (804) 727-8700 – Fax: (804) 727-8785 – Internet: www.co.henrico.va.us/utility/

BACKFLOW ASSEMBLY TEST REPORT

| | | | |
|---------------------|--|-----------------|--|
| Name: | | | |
| Address: | | | |
| Mailing Address: | | | |
| Location of Device: | | | |
| Manufacturer: | | | |
| Model of Device: | | Serial Number: | |
| Size of Device: | | Type of Device: | |

| Check Valve No. 1 | Check Valve No. 2 | Differential Pressure Relief Valve | Pressure Vacuum Breaker |
|--|--|--|--|
| Leaked: <input type="checkbox"/> | Leaked: <input type="checkbox"/> | Opened at _____ PSI | Air inlets 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"/> |
| | | | Check Valve: _____ PSI |
| | | | Leaked: <input type="checkbox"/> |
| Drop Across CV #1 _____ PSI | Drop Across CV #2 _____ PSI | | |

| | |
|-----------------|--|
| Remarks: | |
|-----------------|--|

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

| | |
|---|----------------------------|
| Date: <input type="text"/> | Time: <input type="text"/> |
| VDPOR Backflow Prevention Device Worker Certification Number: | <input type="text"/> |

| | | |
|-------------------------|--|----------------------------------|
| Signature of Tester: | Passed: <input type="checkbox"/> | Failed: <input type="checkbox"/> |
| Name of Tester (Print): | Tester ID: | |
| Company Name: | | |
| Gauge Manufacturer: | Model Number: | |
| Serial Number: | Calibration Date: <input type="text"/> | |

Please return the completed form to:
Henrico County Department of Public Utilities
Attn: Water Quality Engineer
10401 Woodman Rd
Glen Allen, VA 23060