



VILLAGE OF ROSEMONT BACKFLOW PREVENTER TEST REPORT

Email: PWplumber@villageofrosemont.org
Please forward to BSlonline.com

ORIGINAL TEST
 RETEST
 PASS
 FAIL

TIME _____ AM / PM _____ DATE _____

TEST KIT _____ CALIBRATION DATE _____

ADDRESS _____ OWNER _____

CONTACT _____ PHONE _____ FAX _____

DEVICE = RP DC DCDA RPDA
 SUPPLY PRESSURE _____ PSIG

MFR _____ SIZE _____ MODEL# _____ SERIAL# _____

ON LINE TO _____

EXACT LOCATION _____

CHECK VALVE #1

INITIAL TEST CLOSED TIGHT LEAKED

_____ PSID

FINAL TEST COMMENTS CLOSED TIGHT

CHECK VALVE #2

INITIAL TEST CLOSED TIGHT LEAKED

_____ PSID

FINAL TEST COMMENTS CLOSED TIGHT

RELIEF VALVE

OPENED @ _____ PSID / RP ZONE

DID NOT OPEN

COMMENTS

OPENED @ _____ PSID

CONTROL VALVE #1

TYPE _____

RW

CLOSED TIGHT

LEAKED

COMMENTS

CONTROL VALVE #2

TYPE _____

RW

CLOSED TIGHT

LEAKED

COMMENTS

TEST COCKS

COMPLETE

MISSING # _____

DAMAGED

COMMENTS

COMMENTS _____

CCCDI# XC _____ PLUMBING LICENSE# _____

CCCDI NAME (PRINT) _____ SIGNATURE _____