

**TOWN OF OAK ISLAND
PUBLIC UTILITIES DEPARTMENT**

BACKFLOW DEVICE TEST REPORT

Service Address _____

Name of Premises _____ Location of device _____

Device _____ Manufacturer _____ Model _____ Size _____ Serial Number _____

Test Kit _____ Manufacturer _____ Serial Number _____ Date Certified _____

RP

DC

DCDA

RPDA

Reduced Pressure Principle Assembly				
Relief Valve Opening Point	Check Valve # 2 Backpressure Test	Check Valve #1	No. 2 Shutoff Valve	Check Valve #2
Opened at _____ psid Did not open <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ psid Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ psid Leaked <input type="checkbox"/>

Double Check Valve Assembly				Backflow Assembly Status
Check Valve # 2 Backpressure Test	Check Valve #1	No. 2 Shutoff Valve	Check Valve #2	
Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ psid Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ psid Leaked <input type="checkbox"/>	Passed <input type="checkbox"/>
				Failed <input type="checkbox"/>

Date _____ Time _____ Certified Tester # _____

Test by (Signature) _____ Print Name _____

Your signature certifies that all information provided on this section is correct.

Comments: _____
