

Backflow Valve Certification

WATER DEPT / HEALTH AGENCY: _____ OWNER: _____ ADDRESS: _____ _____ ACCT#: _____	DEVICE LOCATION: _____ DEVICE ID #: _____ METER #: _____ LINE PRESSURE: _____ MFG. _____ SIZE: _____ MODEL #: _____ SERIAL #: _____
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	Inspection Item.	Pass	If...				...Then provide description / notes.
			Fai	I	N/A	A	
Check Valve							
	Initial Test:		<input type="checkbox"/> Closed Tight		<input type="checkbox"/> Leaked at RP _____ PSID		
1	Disc						
2	Spring						
3	Guide						
4	Pin retainer						
5	Hinge pin						
6	Seat						
7	Diaphragm						
8	Other, describe						
	Final Test:		<input type="checkbox"/> Closed Tight RP _____ PSID				
Differential Pressure Relief Valve							
	Initial Test:		<input type="checkbox"/> Opened at _____ PSID		<input type="checkbox"/> Did Not Open		
1	Disc – upper						
2	Disc – lower						
3	Spring						

4	Diaphragm – large, upper				
5	Diaphragm – large, lower				
6	Diaphragm – small				
7	Seat – upper				
8	Seat – lower				
9	Spacer – lower				
10	Spacer – Other, describe:				
Final Test:		Opened at _____ PSID Reduced Pressure			
Pressure Vacuum Breaker					
Initial Test:		<input type="checkbox"/> Air Inlet Opened at _____ PSID		<input type="checkbox"/> Did Not Open	
1	Air inlet disc				
2	Check disc				
3	Air inlet spring				
4	Check spring				
5	Other, describe				
Final Test:		Air Inlet _____ PSID		Check Valve _____ PSID	
Comments / Concerns / Recommendations for required work:					
Attached are additional inspection sheets for additional valves. Please specify the number of additional sheets that comprise this inspection packet.					
There are _____ additional sheets.					

<input type="checkbox"/> Equipment Certified Fully Operational (no repairs needed)	<input type="checkbox"/> Equipment Not Certified <input type="checkbox"/> Unsafe to operate <input type="checkbox"/> Repairs Required <input type="checkbox"/> Other _____
I certify I have inspected the aforementioned items to the best of my knowledge.	
Certified Tester: _____ License Number: _____ Date: _____	

Additional Blank Check Valve Inspection Sheets

	Inspection Item.	Pass	If...		...Then provide description / notes.
			Fail	N/A	
Check Valve					
	Initial Test:	<input type="checkbox"/> Closed Tight		<input type="checkbox"/> Leaked at RP _____ PSID	
1	Disc				
2	Spring				
3	Guide				
4	Pin retainer				
5	Hinge pin				
6	Seat				
7	Diaphragm				
8	Other, describe				
	Final Test:	<input type="checkbox"/> Closed Tight RP _____ PSID			
Differential Pressure Relief Valve					
	Initial Test:	<input type="checkbox"/> Opened at _____ PSID		<input type="checkbox"/> Did Not Open	
1	Disc – upper				
2	Disc – lower				
3	Spring				
4	Diaphragm – large, upper				
5	Diaphragm – large, lower				
6	Diaphragm – small				
7	Seat – upper				
8	Seat – lower				
9	Spacer – lower				
10	Spacer – Other, describe:				
	Final Test:	Opened at _____ PSID Reduced Pressure			
Pressure Vacuum Breaker					
	Initial Test:	<input type="checkbox"/> Air Inlet Opened at _____ PSID		<input type="checkbox"/> Did Not Open	
1	Air inlet disc				
2	Check disc				
3	Air inlet spring				
4	Check spring				
5	Other, describe				
	Final Test:	Air Inlet _____ PSID		Check Valve _____ PSID	
Comments / Concerns / Recommendations for required work:					