

City of Sedgwick Backflow Test Form

Tester Name:

Certified Test #

Device (check one)

Customer Name

Customer Phone Number

Service Address

Location Description

Test Date

Information on Device:

Size (in)

Manufacturer

Serial #

Model #

Type

Service Type

Premise Type

Test Results

Check Valve #1
PSID

Line Pressure:
PSI

Check Valve #2:

(DC,DCDC,RP,RPDC)

Relief Valve:
PSID

(RP, RPDC)

Air Inlet Valve:
PSID

(PVB, SVB)