

# City of Cheney Backflow Test Form

Tester Name:

Certified Test #:

Device: (check one)

Re-test	<input type="checkbox"/>
New Device	<input type="checkbox"/>
Fire System	<input type="checkbox"/>
Containment	<input type="checkbox"/>

Customer Name:

Customer Phone Number:

Service Address:

Location Description:

Test Date:

## Information on the Device:

Size (in):	<input type="text"/>
Manufacturer:	<input type="text"/>
Serial#:	<input type="text"/>
Model#:	<input type="text"/>

Type:	DC	<input type="checkbox"/>
	DCDC	<input type="checkbox"/>
	RP	<input type="checkbox"/>
	RPDC	<input type="checkbox"/>
	PVB	<input type="checkbox"/>
	SVB	<input type="checkbox"/>

Service Type:	Containment	<input type="checkbox"/>
	Fire	<input type="checkbox"/>
	Irrigation	<input type="checkbox"/>
	Mechanical	<input type="checkbox"/>

Premise Type:	Commercial	<input type="checkbox"/>
	Government	<input type="checkbox"/>
	industrial	<input type="checkbox"/>
	Institution	<input type="checkbox"/>
	Residential	<input type="checkbox"/>

## Test Results:

Check Valve #1: PSID	<input type="text"/>
Line Pressure: PSI	<input type="text"/>
Check Valve #2: PSID	<input type="text"/>
Relief Valve: PSID	<input type="text"/>
Air Inlet Valve: PSID	<input type="text"/>

(DC, DCDC, RP, RPDC)  
(RP, RPDC)  
(PVB, SVB)

Pass:	<input type="checkbox"/>
Fail:	<input type="checkbox"/>