

CITY OF
FREMONT
 NEBRASKA PATHFINDERS

BACKFLOW PREVENTION DEVICE TEST REPORT

Fremont Department of Utilities • 3000 E. 1st Street • Fremont, NE 68025

Telephone: 402-727-2613 • FAX: 402-727-2675

MUST BE TYPED OR COMPLETED IN INK

Name of Facility _____	Contact Person _____
Facility Address _____	Address of Contact Person _____
City, State, Zip _____	City, State, Zip _____

Location of Device _____

Device Type	Manufacturer	Serial No.	Model No.	Size
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Line Pressure at Time of Test (at inlet test cock) _____ PSI A. Pressure Loss Across First Check Valve A) _____ PSID B. Relief Valve Opened at B) _____ PSID C. Difference (A - B) I) _____ PSID	DATE: _____ New Installation? Yes <input type="checkbox"/> No <input type="checkbox"/> Replaces: _____ Make: _____ Model #: _____ Serial #: _____	For Double Detector Double Check Valve Assemblies Only: Meter # _____ Reading _____
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	Check Valves		Air Inlet Pressure Vacuum Breaker	Differential Pressure Relief Valve	Shut Off Valves	
	#1	#2	Opened at	Opened at	#1	#2
INITIAL						
Pressure Loss						
1. Leaked C)	<input type="checkbox"/>	<input type="checkbox"/>	D) E) _____ PSID	F) _____ PSID	1. Leaked G)	<input type="checkbox"/> H)
2. Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Did Not Open	2. Closed Tight	<input type="checkbox"/> <input type="checkbox"/>

Protection Type: Boiler Chem./X-ray Lab Dental Drink Dispenser
 Fire Sprinkler Ice Machine Lawn Sprinkler Mortuary
 Service Contain. Swim Pool/Hot Tub Utility Room/Sink Other _____

Hazard Type: Low High

	Check Valves		Air Inlet Pressure Vacuum Breaker	Differential Pressure Relief Valve	Shut Off Valves	
	#1	#2	Opened at	Opened at	#1	#2
FINAL						
TEST						
Pressure Loss						
1. Leaked C)	<input type="checkbox"/>	<input type="checkbox"/>	D) E) _____ PSID	F) _____ PSID	1. Leaked G)	<input type="checkbox"/> H)
2. Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Did Not Open	2. Closed Tight	<input type="checkbox"/> <input type="checkbox"/>

REMARKS: _____

Initial Test Performed By: _____ (Print) _____	Cert. No. _____	Company _____	Date of Testing _____
(Signature) _____	Exp. Date _____		
Repaired By: _____ (Print) _____	Cert. No. _____	Company _____	Date of Repair _____
(Signature) _____	Exp. Date _____		
Final Test Performed By: _____ (Print) _____	Cert. No. _____	Company _____	Date of Testing _____
(Signature) _____	Exp. Date _____		