City of Raleigh Backflow Test Report
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Website: www.raleighnc.gov ■ crossconnection.raleighnc.gov

Name of Owner:	Date:
Service Address:	
Zip Code:	
Location of Assembly:	Line Pressure: PSI
Service Meter No.	Above Grade: ☐ Below Grade: ☐

Assembly Type: ☐ RP ☐ RPDA ☐ DC ☐ DCDA ☐ PVB	☐ New ☐ Recertification ☐ Replaced	☐ Domestic ☐ Fire ☐ Reuse ☐ Irrigation ☐ Containment ☐ Isolation
Bypass Meter Reading:		Time of Test: AM ☐ PM ☐
Manufacturer:_____ Model: _____ Size: _____ Serial #: _____		Assembly: ☐ Passed ☐ Failed Plumbing/Fire Permit#_____

Test Kit Model:_____ Serial No:_____
Calibration Date:_____

Relief Valve	No. 1 Check Valve	No. 2 Check Valve	Pressure Vacuum Breaker/Spill Resistant Vacuum Breaker
Opened At _____ PSID Step Buffer _____ PSID ☐ Did Not Open	☐ Leaked ☐ Closed Tight Diff. Pressure Across Check Valve _____ PSID	☐ Leaked ☐ Closed Tight Diff. Pressure Across Check Valve _____ PSID	Air Inlet Open At ____ PSID ☐ Did Not Open Checkvalve ☐ Leaked Held At _____ PSID
☐ Cleaned Only Replaced: ☐ Rubber Kit ☐ RV Assembly	☐ Cleaned Only Replaced: ☐ Rubber Kit ☐ RV Assembly	☐ Cleaned Only Replaced: ☐ Rubber Kit ☐ RV Assembly	☐ Cleaned Only Replaced: ☐ Rubber Kit ☐ RV Assembly
Opened At _____ PSID Buffer _____ PSID	☐ Closed Tight ____PSID	☐ Closed Tight ____PSID	Air Inlet ____ PSID Check Valve____ PSID

Shut Off Valve #1		Shut Off Valve #2	
☐ Leaked	☐ Closed Tight	☐ Leaked	☐ Closed Tight

Please add serial number in comments section when replacing a backflow assembly.
Comments: _____
_____

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

Printed Name:_____

Signature:☐_____ Certification #: _____

Testing Company:_____ Phone:_____

Passing reports are to be submitted within 15 days of testing
For information concerning failed test reports, visit www.raleighnc.gov-Cross Connection Control Program