THE CITY OF ROCKFORD ILLINOIS, USA

Nadine Miller
Water Quality Supervisor
Department of Public Works, Water Division

BACKFLOW DEVICE TEST and CERTIFICATION REPORT

FAIL RPZ_____ DOUBLE CHECK_____ PASS

Name:_____ Make and Model:_____

Address of Valve:_____ Size: _____

Billing Address: _____ Serial No.: _____

Service: _____ Date Tested: _____

Location of Valve: _____ Time Tested: _____

Meter No.: _____ Retest On/Before: _____

Check Valve 1		Check Valve 2		Relief Valve	
INITIAL TEST		INITIAL TEST		INITIAL TEST	
Leaked	_____	Leaked	_____	Opened at_____PSID	
Closed Tight	_____	Closed Tight	_____	Did not open	_____
PSID	_____	PSID	_____		
Cleaned	_____	Cleaned	_____	Cleaned	_____
Replaced:		Replaced:		Replaced:	
Disc	_____	Disc	_____	Disc Assy	_____
Disc Holder	_____	Disc Holder	_____	O-Rings	_____
Stem	_____	Stem	_____	Stem	_____
Retainer	_____	Retainer	_____	Spring	_____
O-Rings	_____	O-Rings	_____	Diaphragm	_____
Seat	_____	Seat	_____	Seat	_____
Spring	_____	Spring	_____	Spacer	_____
Guide	_____	Guide	_____		
Bushings	_____	Bushings	_____		
Other	_____	Other	_____	Other	_____
FINAL TEST		FINAL TEST		FINAL TEST	
Closed Tight	_____	Closed Tight	_____	Opened at _____PSID	

Special Comments:_____

THE ABOVE INFORMATION IS CORRECT_____

Plumber's Name and CCCDI number

Plumber's Contact Information: _____

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