



Village of BANNOCKBURN

Backflow Prevention Assembly Test and Certification Report						
Site Address City Contact Phone					Test date	Re-Test date
					_____	_____
					PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>
					Repair date	_____
Location						
Application					Line PSI:	
Device	Size	Make	Model		Serial #	
Type	DC <input type="checkbox"/>	DCDA <input type="checkbox"/>	RP <input type="checkbox"/>	RPDA <input type="checkbox"/>	Unapproved <input type="checkbox"/>	
Initial test	1st check		2nd check		Relief Valve	
	BP <input type="checkbox"/>	DOF <input type="checkbox"/>	BP <input type="checkbox"/>	DOF <input type="checkbox"/>	Didn't Open <input type="checkbox"/>	
	Leaked <input type="checkbox"/>		Leaked <input type="checkbox"/>		Leaking <input type="checkbox"/>	
	Closed <input type="checkbox"/>		Closed <input type="checkbox"/>		Opened <input type="checkbox"/>	
	PSID	_____	PSID	_____	PSID _____	
Repair						
Comments						
Final Test	Closed <input type="checkbox"/>		Closed <input type="checkbox"/>		Opened <input type="checkbox"/>	
	PSID	_____	PSID	_____	PSID _____	

Misc	Strainer <input type="checkbox"/>	High pressure fluctuation <input type="checkbox"/>	Test Kit
	Air Gap <input type="checkbox"/>	Risk of water damage <input type="checkbox"/>	Calibrated _____
	Drain Line <input type="checkbox"/>	Left device as found, off <input type="checkbox"/>	Serial _____
Attest			<input type="checkbox"/>
			<input type="checkbox"/>
	CCCDI #	NAME	IL LIC #
			INITIALS