



**City of Frederick Backflow Test Form**  
140 West Patrick Street, Frederick, MD 21701

Installer/Tester Name \_\_\_\_\_ MD State Plumbing License # \_\_\_\_\_  
 Installer/Tester Backflow ID# \_\_\_\_\_ Testers Phone # \_\_\_\_\_  
 Principal Master Plumber MD State Lic. # \_\_\_\_\_ New Work Permit # \_\_\_\_\_

Name of Business \_\_\_\_\_  Commercial  Residential  
 Address: \_\_\_\_\_

Owner/Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Location of Device: \_\_\_\_\_ Downstream Process \_\_\_\_\_

ASSE# \_\_\_\_\_ Manufacturer \_\_\_\_\_ Serial # \_\_\_\_\_ Size \_\_\_\_\_

Line Pressure @ time of test: \_\_\_\_\_

Retest  Replace  New Installation Air Gap Inspection (Required Minimum Air Gap Provided)  Yes  No

| Check Valve #1  | Relief Valve  | Check Valve #2  | PVB or SVB  |
|---|---|---|---|
| <input type="checkbox"/> leaked or<br><input type="checkbox"/> closed tight<br><br>Differential pressure across<br>Check valve _____ psi                                      | opened at: _____ psi<br>or did not open <input type="checkbox"/><br><br><b>Outlet shut-off valve:</b><br><input type="checkbox"/> leaked <input type="checkbox"/> closed tight  | <input type="checkbox"/> leaked or<br><input type="checkbox"/> closed tight<br><br><b>OPTIONAL TEST</b><br>Differential pressure across<br>check valve _____ psi              | <b>Air Inlet:</b> did not open <input type="checkbox"/><br>Or opened at _____ psi<br><br>Check Valve: leaked <input type="checkbox"/><br>Or held at _____ psi                 |
| Replaced:<br><br>Rubber parts kit <input type="checkbox"/><br>CV assembly kit <input type="checkbox"/><br>Seat Kit <input type="checkbox"/><br>Other <input type="checkbox"/> | Replaced:<br><br>RV Rubber kit <input type="checkbox"/><br>RV assembly <input type="checkbox"/><br>Seat Kit <input type="checkbox"/><br>Other <input type="checkbox"/>  | Replaced:<br><br>Rubber parts kit <input type="checkbox"/><br>CV assembly kit <input type="checkbox"/><br>Seat Kit <input type="checkbox"/><br>Other <input type="checkbox"/> | Replaced:<br><br>RV Rubber kit <input type="checkbox"/><br>RV assembly <input type="checkbox"/><br>Air inlet valve <input type="checkbox"/><br>Other <input type="checkbox"/> |
| Or  | Or  | Or  | Or  |
| <input type="checkbox"/> CV cleaned only  | <input type="checkbox"/> RV cleaned only  | <input type="checkbox"/> CV cleaned only  | <input type="checkbox"/> Cleaned Only   |
|   | For DCVA only:<br><b>Inlet shut-off valve:</b><br><input type="checkbox"/> leaked <input type="checkbox"/> closed tight<br><b>Outlet shut-off valve:</b><br><input type="checkbox"/> leaked <input type="checkbox"/> closed tight |   |   |
| Differential pressure across<br>Check valve _____ psi   | Relief valve opened at<br>_____ psi   | <input type="checkbox"/> leaked or<br><input type="checkbox"/> closed tight   | <input type="checkbox"/> air inlet _____ psi<br>Check valve _____ psi   |

This Assembly:  Passed  Failed

Remarks from tester: \_\_\_\_\_

THE ABOVE REPORT IS CERTIFIED TO BE TRUE. Testers Signature \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: A COPY OF BOTH GAUGE CALIBRATION CERTIFICATION AND TESTERS CERTIFICATION ARE REQUIRED WITH THIS TEST REPORT. ALL FORMS ARE REQUIRED TO RECEIVE A PLUMBING FINAL.**

COMAR 12-306 (C) (2) Only Master plumber or journey plumber possessing certification shall be authorized to certify the installation and testing or mechanical cross connection control devices. 12-307(b) While a journey plumber license is in effect, it authorizes the licensee to provide plumbing services only under the direction and control of a master plumber or holder of a limited master plumber license.