


BACKFLOW PREVENTION INSPECTION FORM					
Ways for Certified Testers to Submit Inspection Results: 1. Email completed forms to backflowtest@universalccc.com 2. Mail forms to: 116 Research Drive, Suite 2204, Bethlehem, PA 18015-4731 <i>*Please note: All tests must be performed and submitted by a certified backflow prevention assembly tester. Each backflow prevention test submitted after January 31, 2018 requires a \$15 processing / recording fee payable to Universal Cross-Connection Control.</i>					 UNIVERSAL <small>CROSS-CONNECTION CONTROL</small> 116 Research Drive Suite 2204 Bethlehem, PA 18015-4731 backflowtest@universalccc.com 267-866-0303
POTENTIAL CROSS-CONNECTION LOCATION INFORMATION					
CC ID #		Location ID #		Water Meter #	
Service For:					
Service Address:					
Service Type: <input type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Irrigation <input type="checkbox"/> Other:					Line Size:
BACKFLOW PREVENTION ASSEMBLY / DEVICE INFORMATION					
Location:				<input type="checkbox"/> Containment	<input type="checkbox"/> Isolation
Type:			Serial #		
Manufacturer:			Model #		Size:
TEST / REPAIR INFORMATION					
Air Gap	TEST	Check Valve 1	Check Valve 2	Differential Pressure Relief Valve	Air Inlet (PVB)
Vertical Height (inches)	INITIAL Date:	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Opened at _____ PSID <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Opened at _____ PSID <input type="checkbox"/> Did Not Open Check Valve Held at _____ PSID
	Time:				
Supply Line Diameter (inches)	FINAL Date:	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Opened at _____ PSID <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Opened at _____ PSID <input type="checkbox"/> Did Not Open Check Valve Held at _____ PSID
	Time:				
REPAIRS/COMMENTS:					
By signing below you certify the test results are accurate at the time of testing					
INITIAL - TESTER INFORMATION & INSTRUMENT CALIBRATION					
Tester Name (print):				Business:	
<input type="checkbox"/> Passed <input type="checkbox"/> Fail		Certification #		Phone:	
		Signature:		Date:	
Instrument:		Model:	Serial #		Purchased:
Calibrated by:				Phone:	
Registration #		Calibration Date:		Next Calibration Due:	
FINAL - TESTER INFORMATION & INSTRUMENT CALIBRATION					
Tester Name (print):				Business:	
<input type="checkbox"/> Passed <input type="checkbox"/> Fail		Certification #		Phone:	
		Signature:		Date:	
Instrument:		Model:	Serial #		Purchased:
Calibrated by:				Phone:	
Registration #		Calibration Date:		Next Calibration Due:	