

Nebraska Rural Water Association MUST BE TYPED OR COMPLETED IN INK			REDUCED PRESSURE ZONE TEST REPORT		
Name of Premises (Company, Person, etc.) _____					
Service Address _____			City _____	State _____	Zip _____
Mailing Address _____			City _____	State _____	Zip _____
Location of Device _____					
Device Type _____		Manufacturer _____		Serial No. _____	Model No. _____
Substance or Use for Which Device is Installed _____			Spring loading # 1 Check Valve _____		
Line Pressure at Time of Test (at inlet test cock) _____ PSI			Relief Valve Opened at _____		
			Difference _____		
INITIAL TEST	Check Valves		Relief Valve Opened at _____ PSID <input type="checkbox"/> Did Not Open	Date Installed _____	Shut-Off Valve #2
	# 1	# 2		Date Rebuilt _____	
	Spring loading				
1. Leaked	<input type="checkbox"/>	<input type="checkbox"/>		2. Closed Tight <input type="checkbox"/>	
2. Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>			
Describe Repairs Necessary to Return Device to Proper Operating Condition (Cleaning is a Repair)					
NOTE: Fill in Only if Device Requires Maintenance					
FINAL TEST	Check Valve	#1	#2	Relief Valve Opened at _____ PSID	#1 check spring _____
	Spring loading	<input type="checkbox"/>	<input type="checkbox"/>		Relief valve Difference _____
	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>		Shut-off Valve #2 Closed Tight <input type="checkbox"/>
Remarks:			This is to verify that the tester arrived at _____ a.m. / p.m.		
			and completed work at _____ a.m. / p.m.		
			By: _____ Owner's Representative		
			Backflow Tester Information		
			Make: _____	Model: _____	
			Serial No.: _____	Date Last Certified: _____	
Initial test performed by: (Print) _____ (Signature) _____		Company _____		Cert No. _____	Date of Testing _____
				Expiration Date _____	
Repaired by: (Print) _____ (Signature) _____		Company _____		Cert No. _____	Date of Repair _____
				Expiration Date _____	
Final test performed by: (Print) _____ (Signature) _____		Company _____		Cert No. _____	Date of Testing _____
				Expiration Date _____	