



**HENRICO COUNTY  
DEPARTMENT OF PUBLIC UTILITIES  
10401 Woodman Road  
Glen Allen, Virginia 23060**

Phone: (804) 727-8700 Email: [backflow@henrico.gov](mailto:backflow@henrico.gov)  
Internet: <https://henrico.gov/utility/>

**BACKFLOW PREVENTION ASSEMBLY TEST REPORT**

*An annual test is required on all field-testable backflow prevention assemblies.*

<b>PART 1 – OWNER INFORMATION</b>				Date:
Owner / Business Name:				
Service Address:		City:	State: VA	Zip:
Mailing Address (if other than above):				
Phone:	Fax:	Permit No. (if applicable):		
Contact Name (if other than above):				Title:

<b>PART 2 – ASSEMBLY INFORMATION</b>						
Type (check):	RPBA <input type="checkbox"/>	DCVA <input type="checkbox"/>	PVB <input type="checkbox"/>	Existing <input type="checkbox"/>	New <input type="checkbox"/>	Replacement <input type="checkbox"/> *
Manufacturer:		Size:	Model No.:	Serial No.:		
Location of Assembly:						

\* If replacement, provide serial number of both old and new devices.

<b>PART 3 – TEST DATA</b>			
Supply Pressure _____ psi	<u>CHECK VALVE NO. 1</u>	<u>CHECK VALVE NO. 2</u>	<u>RELIEF VALVE</u>
<b>RPBA or DCVA</b>	Closed Tight at _____ psid	Closed Tight at _____ psid	Opened at _____ psid
	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did Not Open <input type="checkbox"/>
No. 2 Shut-Off Valve:		Leaked <input type="checkbox"/>	Held Tight <input type="checkbox"/>
<b>PVB</b>	Air Inlet Opened at _____ psid	Check Valve Held at _____ psid	
	Air Inlet <u>Did Not Open</u> <input type="checkbox"/>	Check Valve <u>Did Not Hold</u> <input type="checkbox"/>	
No. 2 Shut-Off Valve:		Leaked <input type="checkbox"/>	Held Tight <input type="checkbox"/>
<b>TEST RESULT: PASS</b> <input type="checkbox"/> <b>FAIL</b> <input type="checkbox"/>		Comments/Repairs Done/Parts Replaced, etc:	
(Check one)			

**PART 4 – TEST CERTIFICATION** I have completed the test, re-opened the valves necessary to return the system served to its original operating condition, unless otherwise noted, and certify that the information provided herein is accurate and the test procedures comply with those published by the Foundation for Cross Connection Control and Hydraulics Research or those published in the most current edition of the American Society of Sanitary Engineering (ASSE) Series 5000 Professional Qualification Standards.

Company Name:		Address:	
City:	State:	Zip:	Phone:
Tester Printed Name:		Tester Signature:	
<i>Only a Virginia DPOR-issued Backflow Prevention Device Worker certification is accepted in Henrico County.</i>		Certification No.:	
Test Kit Manufacturer:	Model No.:	Date Last Calibrated:	

*A copy of this form must be retained for your records and a copy submitted to the Henrico County Cross Connection Control Coordinator at the address or email shown at the top of this page no later than 30 days after completion of the test.*