

**INSTRUCTIONS FOR COMPLETING
STATE FORM 55788, BACKFLOW DEVICE TEST
327 IAC 8-10-9(b)**

TYPE OR PRINT ALL ENTRIES.

The following numbers refer to the enclosed form. This form shall be used for backflow devices required under 327 IAC 8-10, which typically are “containment” protection applications. If the device is used for isolation protection in place of containment, this form would also apply.

1. Enter the name of the customer's contact person.
2. Enter the customer company name *(if applicable)*.
3. Enter the address of the customer.
4. Indicate the location of the device (i.e. third floor research lab). Include the address where the device is located if different than the address in item 3.
5. Check the appropriate box. If the assembly is new and is replacing an existing device, enter the serial number of the device being replaced. If not a replacement, enter “N/A” for the serial number.
6. Check the appropriate box to indicate the type of service for which the device is installed.
7. Check the appropriate box indicating which type of assembly is being tested.
8. Check the appropriate box indicating the type of cross connection protection the device is providing.
9. Enter the serial number of the device being tested.
10. Enter the size of the device being tested.
11. Enter the manufacturer of the device being tested.
12. Enter the model number of the device being tested.
13. Enter any additional information required by your company or the customer *(optional)*.
14. Enter the test results into the appropriate fields for the type of device being tested. **NOTE: The date and time must be entered for all devices and Pass or Fail must be checked for RP, DC, PVB and SVB devices.**
15. Enter any notes about the device (i.e. leaking shutoff valve #2).
16. Enter the name *(first and last)* and e-mail address of the tester who performed the initial test. **NOTE: The tester must be a current Indiana licensed backflow tester.**
17. Enter the name of the company *(if applicable)* of the person listed in item 16.
18. Enter the telephone number of the person listed in item 16.
19. Signature and Indiana backflow tester registration number *(optional)* of the person listed in item 16.
20. Enter the serial number of the test equipment used for the initial test.
21. Enter the last calibration date of the test equipment used for the initial test. **NOTE: Must be calibrated within last twelve (12) months in order for test to be valid.**
22. Enter the name *(first and last)* and e-mail address of the tester who performed the final test.
23. Enter the name of the company *(if applicable)* of the person listed in item 22.
24. Enter the telephone number of the person listed in item 22.
25. Signature and Indiana backflow tester registration number *(optional)* of the person listed in item 22.
26. Enter the serial number of the test equipment used for the final test.
27. Enter the last calibration date of the test equipment used for the final test. **NOTE: Must be calibrated within last twelve (12) months in order for test to be valid.**

The Indiana licensed backflow tester **must** check the box indicating they agree to the certification statement listed.



BACKFLOW DEVICE TEST

State Form 55788 (2-15)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

THIS FORM IS TO BE COMPLETED BY AN INDIANA CERTIFIED BACKFLOW TESTER.

Customer and Device Information

1. Customer name		2. Customer company	
3. Customer address (number and street, city, state, and ZIP code)			
4. Location of device (and address if different from customer)		5. Is the device a new assembly? <input type="checkbox"/> Yes <input type="checkbox"/> No Replacing serial number:	
6. Type of service <input type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Irrigation		7. Type of assembly <input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> SVB <input type="checkbox"/> Air Gap <input type="checkbox"/> AVB	
8. Type of protection <input type="checkbox"/> Isolation <input type="checkbox"/> Containment		9. Serial number of device	
10. Size of device	11. Manufacturer of device	12. Model number of device	
13. Additional information (optional)			

14. Test Measurements

	RP			PVB/SVB
	DC		Pressure Differential Relief Valve	
	Check Valve #1	Check Valve #2		
Initial Date (mm/dd/yy): _____ Time: _____ <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Opened at _____ PSID <input type="checkbox"/> Did Not Open	Opened at _____ PSID <input type="checkbox"/> Did Not Open Check Valve Held _____ PSID
Final Date (mm/dd/yy): _____ Time: _____ <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Opened at _____ PSID <input type="checkbox"/> Did Not Open	Opened at _____ PSID <input type="checkbox"/> Did Not Open Check Valve Held _____ PSID

AIR GAP Measured vertical inches above overflow rim : _____ Supply size diameter: _____	AVB Opened fully? <input type="checkbox"/> Yes <input type="checkbox"/> No
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15. Comments

Tester Information

Initial Tester	16. Name and e-mail address of tester		17. Company name of tester (if applicable)
	18. Telephone number	19. Signature and registration number of tester	
	20. Testing equipment serial number	21. Testing equipment calibration date (mm/dd/yy)	
Final Tester	22. Name and e-mail address of tester		23. Company name of tester (if applicable)
	24. Telephone number	25. Signature and registration number of tester	
	26. Testing equipment serial number	27. Testing equipment calibration date (mm/dd/yy)	

By signing this backflow test report and checking this box, I hereby certify that I am familiar with the information contained in this form and that to the best of my knowledge and belief, such information is true, complete and accurate at the time of the test.