



Backflow Assembly Test Report

Cross Connections Department
Fairfax County Land Development Services
12055 Government Center Parkway, Suite 307, Fairfax, VA 22035
Phone: 703-631-5101, TTY 711
www.fairfaxcounty.gov/landdevelopment/crossconnections



The information required on this report must be completed by an individual certified by the Virginia Board of Contractors as a "Backflow Prevention Device Worker."

In accordance with the provisions of the Virginia Uniform Statewide Building Code and the Virginia Department of Health Waterworks Regulations, all testable backflow assemblies shall be tested and inspected at the time of installation, immediately after relocation or repair and at least annually.

Permit Number: _____ Property Name: _____ Building Name: _____ Map Grid: _____
Property Address: _____ Suite: _____ City: _____ ZIP: _____

It is the responsibility of the owner, tenant, or any other party charged with the maintenance of this property to ensure this test report is returned to Fairfax County before the end of (month): _____. **Failure to return this test report on time may result in further action, up to and including, termination of water service.**

Prior to testing any part of the fire protection system, you must notify the **Fairfax County Public Safety Center at 703.691.2131, TTY 771**, to place the fire system "out of service." Once testing is complete, you must contact the Public Safety Office to place the fire protection system "back in service." **Failure to follow these instructions may result in a false fire alarm, which may make the responsible party liable for penalties.**

This test report has two parts, **PART A** and **PART B**. This test report will not be accepted or processed unless both parts are returned.

Part A: Responsible Party and Tester Contact Information

All contact and certification information below is **mandatory**. This test report will not be processed if the information below is incomplete.

Contact Information for the Property Owner, Tenant, On-Site Representative, or Management Company of this Location:

First and Last Name: _____ Title: _____ Phone: _____
Email Address: _____

Contact Information of Certified Tester:

Company Name: _____ Phone: _____
Tester Name: _____ Certification Number: _____ Expiration Date: _____
Test Gauge Manufacture: _____ Model #: _____ Serial #: _____ Date Last Calibrated: _____
Date of Testing: _____ Signature of Tester: _____

Property Address: _____ Suite: _____ City: _____ ZIP: _____

Part B: Backflow Assembly Information and Testing Results

- Any assembly that fails testing must be repaired or replaced and tested again within 10 business days.
- Save this completed form as a PDF. Go to www.fairfaxcounty.gov/landdevelopment/crossconnections to submit this test report.

Size	Manufacturer	Model Number	Serial Number	Equipment/System Served	Initial Test Pass/Fail	Repaired Yes/No	Test After Repair Pass/Fail

Location: _____

Size	Manufacturer	Model Number	Serial Number	Equipment/System Served	Initial Test Pass/Fail	Repaired Yes/No	Test After Repair Pass/Fail

Location: _____

Size	Manufacturer	Model Number	Serial Number	Equipment/System Served	Initial Test Pass/Fail	Repaired Yes/No	Test After Repair Pass/Fail

Location: _____

Size	Manufacturer	Model Number	Serial Number	Equipment/System Served	Initial Test Pass/Fail	Repaired Yes/No	Test After Repair Pass/Fail

Location: _____

Document any backflow assembly which has been added, replaced, or discovered at this property in the space below. If the assembly is a replacement for one listed above, enter the word "Replaced" in the field labeled "Test After Repair, Pass/Fail" for that assembly.

Size	Manufacturer	Model Number	Serial Number	Equipment/System Served	Initial Test Pass/Fail	Repaired Yes/No	Test After Repair Pass/Fail

Location: _____

Part B (CONTINUED IF NEEDED): Backflow Assembly Information and Testing Results

Property Address: _____ Suite: _____ City: _____ ZIP: _____

Size	Manufacturer	Model Number	Serial Number	Equipment/System Served	Initial Test Pass/Fail	Repaired Yes/No	Test After Repair Pass/Fail

Location: _____

Size	Manufacturer	Model Number	Serial Number	Equipment/System Served	Initial Test Pass/Fail	Repaired Yes/No	Test After Repair Pass/Fail

Location: _____

Size	Manufacturer	Model Number	Serial Number	Equipment/System Served	Initial Test Pass/Fail	Repaired Yes/No	Test After Repair Pass/Fail

Location: _____

Size	Manufacturer	Model Number	Serial Number	Equipment/System Served	Initial Test Pass/Fail	Repaired Yes/No	Test After Repair Pass/Fail

Location: _____

Size	Manufacturer	Model Number	Serial Number	Equipment/System Served	Initial Test Pass/Fail	Repaired Yes/No	Test After Repair Pass/Fail

Location: _____

Size	Manufacturer	Model Number	Serial Number	Equipment/System Served	Initial Test Pass/Fail	Repaired Yes/No	Test After Repair Pass/Fail

Location: _____