

City of Coral Springs, Florida

SUBMIT IN TRIPLICATE

BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

DATE OF TEST: _____

NAME OF PREMISE: _____ CONTACT PERSON: _____

STREET ADDRESS: _____ TEL. # _____

LOCATION OF DEVICE: _____

TYPE OF DEVICE: RP D.C. PVB OTHER _____ SIZE: _____ PERMIT NUMBER _____

MANUFACTURER: _____ METER NUMBER: _____

MODEL NUMBER: _____ SERIAL NUMBER: _____

PRESSURE DROP ACROSS FIRST CHECK VALVE _____ PSI					PRESSURE VACUUM BREAKER
DOUBLE CHECK		REDUCED PRESSURE			
	CHECK VALVE # 1	CHECK VALVE # 2	DIFFERENTIAL PRESSURE RELIEF VALVE		
INITIAL TEST	1. LEAKED <input type="checkbox"/> 2. CLOSED TIGHT <input type="checkbox"/>	1. LEAKED <input type="checkbox"/> 2. CLOSED TIGHT <input type="checkbox"/>	OPENED AT _____ LBS. DID NOT OPEN <input type="checkbox"/>		AIR INLET OPENED AT _____ LBS. DID NOT OPEN <input type="checkbox"/>
REPAIRS	CLEANED <input type="checkbox"/> REPLACED: RUBBER PARTS KIT <input type="checkbox"/> C.V. ASSEMBLY <input type="checkbox"/> OR	CLEANED <input type="checkbox"/> REPLACED: RUBBER PARTS KIT <input type="checkbox"/> C.V. ASSEMBLY <input type="checkbox"/> OR	CLEANED <input type="checkbox"/> REPLACED: RUBBER PARTS KIT <input type="checkbox"/> R.V. ASSEMBLY <input type="checkbox"/> OR		CHECK VALVE: LEAKED <input type="checkbox"/> HELD AT _____ PSID
	DISC <input type="checkbox"/> O-RINGS <input type="checkbox"/> SEAT <input type="checkbox"/> SPRING <input type="checkbox"/> STEM/GUIDE <input type="checkbox"/> RETAINER <input type="checkbox"/> LOCK NUTS <input type="checkbox"/> OTHER <input type="checkbox"/>	DISC <input type="checkbox"/> O-RINGS <input type="checkbox"/> SEAT <input type="checkbox"/> SPRING <input type="checkbox"/> STEM/GUIDE <input type="checkbox"/> RETAINER <input type="checkbox"/> LOCK NUTS <input type="checkbox"/> OTHER <input type="checkbox"/>	DISC <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> SEAT <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> O-RINGS <input type="checkbox"/> OTHER <input type="checkbox"/>		CLEANED <input type="checkbox"/> REPLACED: C.V. ASSEMBLY <input type="checkbox"/> DISC, AIR ASSEMBLY <input type="checkbox"/> DISC, C.V. <input type="checkbox"/> SPRING <input type="checkbox"/> RETAINER <input type="checkbox"/> GUIDE <input type="checkbox"/> O-RING <input type="checkbox"/> OTHER <input type="checkbox"/>
FINAL TEST	CLOSED TIGHT <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/>	OPEN AT _____ LBS. REDUCED PRESSURE <input type="checkbox"/>		SATISFACTORY <input type="checkbox"/>

LINE PRESSURE: _____

NOTE: ALL REPAIRS/REPLACEMENT SHALL BE COMPLETED WITHIN TEN (10) DAYS.

REMARKS: _____

I HEREBY CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE UNIT.

CERTIFIED TESTING COMPANY _____ TEST EQUIPT. USED _____

PASSED _____ FAILED - REPAIR NEEDED _____

INITIAL TEST BY _____ CERTIFIED TESTER NO. _____

REPAIRED BY _____ DATE REPAIRED _____

FINAL TEST BY _____ CERTIFIED TESTER NO. _____

CERTIFIED TESTER SIGNATURE _____

EXP. DATE

MO	DAY	YR.
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EXP. DATE

MO	DAY	YR.
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