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

AIR INLET OPENED AT ___________ LBS.

DID NOT OPEN ☐

DID NOT OPEN ☐

CHECK VALVE LEAKED ☐

HELD AT ___________ PSID

REPAIRS

DOUBLE CHECK

REDUCED

CHECK VALVE #1

1. LEAKED ☐

2. CLOSED TIGHT ☐

CHECK VALVE #2

1. LEAKED ☐

2. CLOSED TIGHT ☐

DIFFERENTIAL PRESSURE RELIEF VALVE

OPENED AT ___________ LBS

DID NOT OPEN ☐

AIR INLET OPENED AT ___________ LBS.

DID NOT OPEN ☐

CHECK VALVE LEAKED ☐

HELD AT ___________ PSID

REPAIRS

RUBBER PARTS KIT ☐

C.V. ASSEMBLY ☐

DISC ☐

O-RINGS ☐

SEAT ☐

SPRING ☐

STEM/GUIDE ☐

REPAIRS

LOCK NUTS ☐

OTHER ☐

REPAIRS

LOCK NUTS ☐

OTHER ☐

REPAIRS

CLEANED REPLACED:

RUBBER PARTS KIT ☐

C.V. ASSEMBLY ☐

DISC ☐

O-RINGS ☐

SEAT ☐

SPRING ☐

STEM/GUIDE ☐

REPAIRS

RETAINER ☐

GUIDE ☐

O-RINGS ☐

OTHER ☐

REPAIRS

LOCK NUTS ☐

OTHER ☐

REPAIRS

RUBBER PARTS KIT ☐

C.V. ASSEMBLY ☐

DISC ☐

O-RINGS ☐

SEAT ☐

SPRING ☐

STEM/GUIDE ☐

REPAIRS

RETAINER ☐

GUIDE ☐

O-RINGS ☐

OTHER ☐

REPAIRS

LOCK NUTS ☐

OTHER ☐

REPAIRS

RUBBER PARTS KIT ☐

C.V. ASSEMBLY ☐

DISC ☐

O-RINGS ☐

SEAT ☐

SPRING ☐

STEM/GUIDE ☐

REPAIRS

RETAINER ☐

GUIDE ☐

O-RINGS ☐

OTHER ☐

REPAIRS

LOCK NUTS ☐

OTHER ☐

FINAL TEST

CLOSING TIGHT ☐

CLOSED TIGHT ☐

OPEN AT ___________ LBS

REDUCED PRESSURE ☐

SATISFACTORY ☐

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 EQUIP'T USED __________________________

PASSED ☐

FAILED – REPAIR NEEDED ☐

INITIAL TEST BY ____________________________ CERTIFIED TESTER NO. __________________________

EXP DATE

MO  DAY  YR.

REPAIRED BY ____________________________ DATE REPAIRED __________________________

EXP DATE

MO  DAY  YR.

FINAL TEST BY ____________________________ CERTIFIED TESTER NO. __________________________

EXP DATE

MO  DAY  YR.

CERTIFIED TESTER SIGNATURE ____________________________

CERTIFICATE OF CORAL SPRINGS, FLORIDA • PUBLIC WORKS • UTILITIES AND ENGINEERING DIVISION

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