



REPORTS MUST BE FILLED OUT IN FULL

Incomplete Reports Will Not Be Accepted

BACKFLOW – PREVENTION

A community environmental/health protection program

ASSEMBLY TEST DATA and MAINTENANCE REPORT

ACCOUNT NAME:			METER NO.:	METER READING:
MAILING ADDRESS:				
SERVICE ADDRESS:				
SPECIFIC LOCATION OF ASSEMBLY:				INSTALLATION DATE:
TYPE OF ASSEMBLY:	MANUFACTURER:	MODEL:	SIZE:	SERIAL NO.:
DATE:	TIME:	TEST: <input type="checkbox"/> INITIAL <input type="checkbox"/> SEMIANNUAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> OTHER – LIST		
SERVICE TYPE:			LINE PRESSURE AT TIME	PRESURE DROP ACROSS
<input type="checkbox"/> DOMESTIC	<input type="checkbox"/> FIRE	<input type="checkbox"/> COMBINATION	<input type="checkbox"/> IRRIGATION	<input type="checkbox"/> OTHER
			OF TEST: _____ PSI	FIRST CHECK VALVE: _____ PSID

	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
INITIAL TEST	1. Leaked..... <input type="checkbox"/> 2. Closed at _____ PSID..... <input type="checkbox"/>	1. Leaked..... <input type="checkbox"/> 2. Closed at _____ PSID..... <input type="checkbox"/>	1. Opened at _____ PSID <input type="checkbox"/> 2. Did not open <input type="checkbox"/>	1. Air Inlet Opened at _____ PSID <input type="checkbox"/> 2. Did Not Open at _____ PSID <input type="checkbox"/>
R E P A I R S	Cleaned..... <input type="checkbox"/> Replaced: Disc..... <input type="checkbox"/> Spring..... <input type="checkbox"/> Guide..... <input type="checkbox"/> Pin Retainer..... <input type="checkbox"/> Hinge Pin..... <input type="checkbox"/> Seal..... <input type="checkbox"/> Diaphragm..... <input type="checkbox"/> "O" Rings..... <input type="checkbox"/> Complete Repair Kit..... <input type="checkbox"/> Other, Describe..... <input type="checkbox"/>	Cleaned..... <input type="checkbox"/> Replaced: Disc..... <input type="checkbox"/> Spring..... <input type="checkbox"/> Guide..... <input type="checkbox"/> Pin Retainer..... <input type="checkbox"/> Hinge Pin..... <input type="checkbox"/> Seal..... <input type="checkbox"/> Diaphragm..... <input type="checkbox"/> "O" Rings..... <input type="checkbox"/> Complete Repair Kit..... <input type="checkbox"/> Other, Describe..... <input type="checkbox"/>	Cleaned..... <input type="checkbox"/> Replaced: Disc..... <input type="checkbox"/> Upper..... <input type="checkbox"/> Lower..... <input type="checkbox"/> Spring..... <input type="checkbox"/> Diaphragm, Large..... <input type="checkbox"/> Upper..... <input type="checkbox"/> Lower..... <input type="checkbox"/> Diaphragm, Small..... <input type="checkbox"/> Upper..... <input type="checkbox"/> Lower..... <input type="checkbox"/> Spacer, Lower..... <input type="checkbox"/> "O" Rings..... <input type="checkbox"/> Complete Repair Kit..... <input type="checkbox"/> Other, Describe..... <input type="checkbox"/>	Check Valve: Leaked..... <input type="checkbox"/> Closed at _____ PSID..... <input type="checkbox"/> Cleaned..... <input type="checkbox"/> Replaced: C.V. Assembly..... <input type="checkbox"/> Disc Air Inlet..... <input type="checkbox"/> Disc C.V..... <input type="checkbox"/> Spring..... <input type="checkbox"/> Retainer..... <input type="checkbox"/> Guide..... <input type="checkbox"/> "O" Rings..... <input type="checkbox"/> Complete Repair Kit..... <input type="checkbox"/> Other, Describe..... <input type="checkbox"/>
FINAL TEST	Closed at _____ PSID..... <input type="checkbox"/> Pressure Drop Across Check Valve No. 1: _____ PSID..... <input type="checkbox"/>	Closed at _____ PSID..... <input type="checkbox"/>	Opened at _____ PSID..... <input type="checkbox"/>	1. Air Inlet Opened at _____ PSID <input type="checkbox"/> 2. Did Not Open at _____ PSID <input type="checkbox"/>

BFP TEST KIT MANUFACTURER:	KIT MODEL NO.:	KIT SERIAL NO.:	KIT CALIBRATION:	DATE:	COMPANY:
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REMARKS:

I HEREBY CERTIFY THAT THIS DATA IS ACCURATE (TRUE) AND REFLECTS THE PROPER OPERATION, TEST, AND/OR MAINTENANCE OF THIS ASSEMBLY.

<p>RETURN REPORT TO:</p> <p>NEWMAN UTILITIES ATTN: BACKFLOW REPORTS P.O. BOX 578 NEWMAN, GA 30264 PHONE: 770-683-5516 FAX: 770-683-6958</p>	THIS BACKFLOW ASSEMBLY HAS (<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED) TESTING.	
	TESTED BY: (SIGNATURE)	TESTED BY: (NAME AND FIRM)
	REPAIRED BY: (SIGNATURE)	REPAIRED BY: (NAME AND FIRM)
	FINAL TEST BY: (SIGNATURE)	FINAL TEST BY: (NAME AND FIRM)
	TRAINING CERTIFICATE NO.:	CERTIFICATE EXPIRATION DATE:

TURN WATER ON!!!!!!