



BACKFLOW-PREVENTION
 "a community environmental health protection program"
ASSEMBLY TEST DATA and MAINTENANCE REPORT

Account Name:					
Mailing Address:					
Service Address:				Meter #:	
Location of Assembly:				Installation Date:	
Type of Assembly:		Manufacturer:	Model:	Size:	Serial #:
Date:		Initial <input type="checkbox"/>	Semi Annual <input type="checkbox"/>	Annual <input type="checkbox"/>	Other <input type="checkbox"/> list:
Domestic <input type="checkbox"/>	Fire <input type="checkbox"/>	Irrigation <input type="checkbox"/>	Other <input type="checkbox"/>	Isolation <input type="checkbox"/>	Line Pressure at time of test: _____ P.S.I.
CHECK VALVE NO. 1		CHECK VALVE NO. 2		DIFFERENTIAL PRESSURE RELIEF VALVE	
REPAIRS	1. Leaked..... <input type="checkbox"/>	1. Leaked..... <input type="checkbox"/>	1. Opened at _____ P.S.I.D. <input type="checkbox"/>		
	2. Closed at _____ P.S.I.D. <input type="checkbox"/>	2. Closed at _____ P.S.I.D. <input type="checkbox"/>	2. Did Not Open <input type="checkbox"/>		
	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>		
	Replaced:	Replaced:	Replaced:		
Disc..... <input type="checkbox"/>	Disc..... <input type="checkbox"/>	Disc Upper..... <input type="checkbox"/>			
Spring..... <input type="checkbox"/>	Spring <input type="checkbox"/>	Lower <input type="checkbox"/>			
Guide <input type="checkbox"/>	Guide <input type="checkbox"/>	Spring..... <input type="checkbox"/>			
Pin Retainer..... <input type="checkbox"/>	Pin Retainer <input type="checkbox"/>	Diaphragm, Large <input type="checkbox"/>			
Hinge Pin <input type="checkbox"/>	Hinge Pin <input type="checkbox"/>	Upper..... <input type="checkbox"/>			
Seal <input type="checkbox"/>	Seal <input type="checkbox"/>	Lower <input type="checkbox"/>			
Diaphragm <input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Diaphragm, Small <input type="checkbox"/>			
"O" Rings..... <input type="checkbox"/>	"O" Rings <input type="checkbox"/>	Upper..... <input type="checkbox"/>			
Complete Repair Kit <input type="checkbox"/>	Complete Repair Kit <input type="checkbox"/>	Lower <input type="checkbox"/>			
Other, Describe <input type="checkbox"/>	Other, Describe <input type="checkbox"/>	Spacer, Lower <input type="checkbox"/>			
Other, Describe <input type="checkbox"/>	Other, Describe <input type="checkbox"/>	"O" Rings..... <input type="checkbox"/>			
Other, Describe <input type="checkbox"/>	Other, Describe <input type="checkbox"/>	Complete Repair Kit <input type="checkbox"/>			
Other, Describe <input type="checkbox"/>	Other, Describe <input type="checkbox"/>	Other, Describe <input type="checkbox"/>			
Closed at _____ P.S.I.D. <input type="checkbox"/>	Closed at _____ P.S.I.D. <input type="checkbox"/>	Opened at _____ P.S.I.D. <input type="checkbox"/>			
BFP Test Kit Manufacturer:	Kit Model No.:	Kit Serial Number:	Date:	Company:	
Remarks:					

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

 Tested By: (Signature) (Print Name)

 Repaired By: (Signature) (Print Name)

 Final Test By: (Signature) (Print Name)

 Training Certification No.: Certification Exp. Date:

RETURN REPORT TO:

 Meter Management
 Cross Connection
 P.O. Box 1868
 Athens, GA 30603

TURN WATER ON