

CITY OF PORT ORANGE
TEST & MAINTENANCE REPORT
BACKFLOW PREVENTION ASEMBLIES

NAME OF PREMISE: _____ DATE: _____

STREET ADDRESS: _____ CITY: _____

LOCATION OF DEVICE: _____

MANUFACTURER: _____ MODEL: _____ SERIAL NO: _____ SIZE: _____

TYPE OF DEVICE: RP DC DDC RPZ PVB REPLACEMENT? YES NO

TYPE OF SERVICE: DOMESTIC IRRIGATION FIRE NEW INSTALL? YES NO

	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve	Pressure Vacuum Breaker
Initial Test	1. Leaked <input type="checkbox"/> 2. Closed Tight <input type="checkbox"/> PSI _____	1. Leaked <input type="checkbox"/> 2. Closed Tight <input type="checkbox"/> PSI _____	Opened At _____ LBS Did Not Open <input type="checkbox"/>	Air Inlet Opened At _____ PSI Did Not Open <input type="checkbox"/>
REPAIRS	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Check Valve PSI _____
	REPLACED:	REPLACED:	REPLACED:	Leaked <input type="checkbox"/>
	Rubber Parts <input type="checkbox"/>	Rubber Parts Kit <input type="checkbox"/>	Rubber Parts Kit <input type="checkbox"/>	Cleaned <input type="checkbox"/>
	C.V. Assembly <input type="checkbox"/>	C.V. Assembly <input type="checkbox"/>	R.V. Assembly <input type="checkbox"/>	REPLACED:
	OR	OR	OR	Disc Air Inlet <input type="checkbox"/>
	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	C.V. Assembly <input type="checkbox"/>
	O-Rings <input type="checkbox"/>	O-Rings <input type="checkbox"/>	O-Rings <input type="checkbox"/>	Disc C.V. <input type="checkbox"/>
	Seat <input type="checkbox"/>	Seat <input type="checkbox"/>	Seat <input type="checkbox"/>	O-Rings <input type="checkbox"/>
	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>
	Stem Guide <input type="checkbox"/>	Stem Guide <input type="checkbox"/>	Guide <input type="checkbox"/>	Guide <input type="checkbox"/>
Retainer <input type="checkbox"/>	Retainer <input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Other <input type="checkbox"/>	
Lock Nuts <input type="checkbox"/>	Lock Nuts <input type="checkbox"/>	Other <input type="checkbox"/>		
Other <input type="checkbox"/>	Other <input type="checkbox"/>			
Final Test	Closed Tight <input type="checkbox"/> PSI _____	Closed Tight <input type="checkbox"/> PSI _____	Opened At _____ LBS Reduced Pressure <input type="checkbox"/>	Satisfactory <input type="checkbox"/>

Remarks: _____

I hereby certify that this data is accurate and reflects the proper operation of the unit.

Certified Testing Co.: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Tester (Print): _____ Signature of Tester: _____

Lic. Expiration Date: _____ Test Gauge Manufacturer: _____ Last Calibration Date: _____

Initial Test By: _____ Certified Tester # _____ Initial Test Date: _____

Repaired By: _____ Certified Repair # _____ Repair Date: _____

Final Test By: _____ Certified Tester # _____ Final Test Date: _____

THIS ASSEMBLY: PASSED FAILED

Mail completed form within 30 days to: City of Port Orange, Public Utilities Department,
 1000 City Center Circle, Port Orange, FL, 32129.