

# PORT ST. LUCIE UTILITY SYSTEMS DEPARTMENT BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Assembly ID: _____		Facility Name: _____	
Acct. No.: _____		Meter: _____	
Service Address: _____		Test Report Due: _____	
Assembly Info: _____		Schedule Code: _____	
Assembly Location: _____		Replacement _____	
Location No.: _____		Correction _____	
Protection: _____		S/N _____	
Contact Name: _____		Mfr. _____	
Phone: _____		Type _____	
Map Page: _____		Size _____	
Alt Phone: _____		Model _____	
Additional Information: _____		Install Date: _____	
_____		Permit No.: _____	
Hazard Type: _____		Hazard Level: _____	

Line Pressure at time of test: \_\_\_\_\_ **REPORT OF TEST RESULTS** Approved BFD

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut off Valves
	_____ PSID	_____ PSID	_____ PSID	_____ PSID	#1 #2
<b>Initial Test</b>	Held at _____ PSID	Held at _____ PSID	Opened at _____ PSID	Air Inlet Opened at _____ PSID	Closed
<b>Pass Fail</b>	Closed Tight	Closed Tight	Did not Open	Did not Open	Tight
	Leaked	Leaked	Did not Open	Check held at _____ PSID	Leaked
<b>REPAIRS</b>	Cleaned	Cleaned	Cleaned	Cleaned	Cleaned
	Replaced	Replaced	Replaced	Replaced	Replaced
	Disc	Disc	Disc	Air Inlet Disc	Repair
	Spring	Spring	Spring	Air Inlet Spring	
	Guide	Guide	Diaphragm	Check Disc	
	Seat	Seat	Seat	Check Spring	
	Hinge Pin	Hinge Pin	O-Ring(s)	Float	
	Diaphragm	Module	Module	Diaphragm	
Module	_____	_____	_____	_____	_____

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Final Test</b>	_____ PSID	_____ PSID	Opened at _____ PSID	Air Inlet _____ PSID	Closed Tight
	Closed Tight	Closed Tight	_____ PSID	CK Valve _____ PSID	Pass

**THE ABOVE REPORT IS CERTIFIED TO BE TRUE:**

Initial Test by:	Certificate	Date	Gauge No.	Time In	Time Out	Company	Phone
Final Test by:							
Repair By:							