

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 <input type="checkbox"/>	
Location No.: _____		Correction <input type="checkbox"/>	
Protection: _____		S/N <input type="checkbox"/>	
Contact Name: _____		Mfr. <input type="checkbox"/>	
Phone: _____		Type <input type="checkbox"/>	
Map Page: _____		Size <input type="checkbox"/>	
Alt Phone: _____		Model <input type="checkbox"/>	
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	
Initial Test	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Opened at _____ PSID	<input type="checkbox"/> Air Inlet Opened at _____ PSID	#1	#2
Pass Fail	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Did not Open	<input type="checkbox"/> Did not Open	Closed Tight	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Did not Open	<input type="checkbox"/> Check held at _____ <input type="checkbox"/> Leaked	Leaked	<input type="checkbox"/> <input type="checkbox"/>
R E P A I R S	<input type="checkbox"/> Cleaned	<input type="checkbox"/> Cleaned	<input type="checkbox"/> Cleaned	<input type="checkbox"/> Cleaned	Cleaned	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Replaced	<input type="checkbox"/> Replaced	<input type="checkbox"/> Replaced	<input type="checkbox"/> Replaced	Replaced	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Air Inlet Disc	Repair	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Air Inlet Spring		
	<input type="checkbox"/> Guide	<input type="checkbox"/> Guide	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Check Disc		
	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Check Spring		
	<input type="checkbox"/> Hinge Pin	<input type="checkbox"/> Hinge Pin	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> Float		
	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> Diaphragm	_____	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Module	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	_____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	_____	<input type="checkbox"/> <input type="checkbox"/>	

Notes: _____

Final Test	_____ PSID	_____ PSID	<input type="checkbox"/> Opened at _____ PSID	Air Inlet _____ PSID	Closed Tight <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	_____ PSID	CK Valve _____ PSID	Pass <input type="checkbox"/>

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:							