



**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.		
<b>CHECK VALVE NO. 1</b>		<b>CHECK VALVE NO. 2</b>		<b>DIFFERENTIAL PRESSURE RELIEF VALVE</b>		
R E P A I R S	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: 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"/>		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"/>		Replaced: Disc 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"/>	
	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"/>	
	FINAL TEST					
	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:

**TURN WATER ON**

RETURN REPORT TO:

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