



CITY OF ST. AUGUSTINE

BACKFLOW PREVENTER TEST & MAINTENANCE REPORT

Fax or mail completed form to:
 City of St. Augustine
 Public Works Department
 P.O. Box 210
 St. Augustine, FL 32085-0210
 Phone: 904-825-1040
 Fax: 904-209-4286

Name of Premises: _____ Account No: _____

Service Address: _____

Mailing Address: _____

Contact Person: _____ Phone No: _____

Type of Service: Process Fire Domestic Irrigation Other: _____

Type of Assembly: _____ Manufacturer: _____

Model: _____ Serial No: _____

Size: _____ Location: _____

Gauge Manuf: _____ Serial No: _____ Date Calibrated/Verified: _____

| | Check Valve #1 | Check Valve #2 | Relief Valve | PVB or SVB |
|----------------|---|---|--|--|
| Initial | <input type="checkbox"/> Closed tight at _____ psi <input type="checkbox"/> Leaked | <input type="checkbox"/> Closed tight at _____ psi <input type="checkbox"/> Leaked | <input type="checkbox"/> Opened at _____ psi <input type="checkbox"/> Did not open | <input type="checkbox"/> Air inlet opened at _____ psi <input type="checkbox"/> Did not open <input type="checkbox"/> Check Valve held at _____ psi <input type="checkbox"/> Leaked |
| Repairs | <input type="checkbox"/> Cleaned only <input type="checkbox"/> Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> O-Rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Retainer <input type="checkbox"/> Lock Nuts <input type="checkbox"/> Other, Describe | <input type="checkbox"/> Cleaned only <input type="checkbox"/> Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> O-Rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Retainer <input type="checkbox"/> Lock Nuts <input type="checkbox"/> Other, Describe | <input type="checkbox"/> Cleaned only <input type="checkbox"/> Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> RV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> Diaphragm(s) <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> O-Rings <input type="checkbox"/> Other, Describe | <input type="checkbox"/> Cleaned only <input type="checkbox"/> Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc, Air Inlet <input type="checkbox"/> Disc, CV <input type="checkbox"/> Seat, CV <input type="checkbox"/> Spring, Air Inlet <input type="checkbox"/> Spring, CV <input type="checkbox"/> Guide <input type="checkbox"/> Retainer <input type="checkbox"/> O-Rings <input type="checkbox"/> Other, Describe |
| Final | Closed tight at _____ psi | Closed tight at _____ psi | Opened at _____ psi | Air inlet _____ psi Check valve _____ psi |

Remarks: _____

I certify that the data in this report is accurate.

Tester Name (print): _____ Date: _____

Tester Signature: _____ Phone No: _____

Affiliation: _____ Cert No: _____

Tester Company: _____ Address: _____

THIS ASSEMBLY: PASSED FAILED