



# 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: \_\_\_\_\_

	<b>Check Valve #1</b>	<b>Check Valve #2</b>	<b>Relief Valve</b>	<b>PVB or SVB</b>
<b>Initial</b>	<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
<b>Repairs</b>	<input type="checkbox"/> Cleaned only 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 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 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 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
<b>Final</b>	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

7/28/2010 GS