



**Town of Ponce Inlet  
TEST & MAINTENANCE REPORT  
BACKFLOW PREVENTION ASSEMBLIES**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

LOCATION OF DEVICE: \_\_\_\_\_

MANUFACTURER: \_\_\_\_\_ MODEL NUMBER: \_\_\_\_\_ SERIAL NUMBER: \_\_\_\_\_

TYPE OF DEVICE:     RP     DC     DDC     PVB     RPZ     PVB    SIZE: \_\_\_\_\_

	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
<b>INITIAL TEST</b>	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> PSI: _____	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> PSI: _____	OPENED AT _____ LBS. DID NOT OPEN <input type="checkbox"/>	AIR INLET OPENED AT _____ PSI DID NOT OPEN <input type="checkbox"/>
<b>R E P A I R S</b>	CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> Rubber Parts Kit <input type="checkbox"/> C.V. Assembly OR <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 <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> Rubber Parts Kit <input type="checkbox"/> C.V. Assembly OR <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 <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> Rubber Parts Kit <input type="checkbox"/> R.V. Assembly OR <input type="checkbox"/> Disc <input type="checkbox"/> O-Rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other <input type="checkbox"/>	CHECK VALVE: _____ PSI Leaked: <input type="checkbox"/> Cleaned <input type="checkbox"/> REPLACED: Disc Air Inlet <input type="checkbox"/> C.V. Assembly <input type="checkbox"/> Disc C.V. <input type="checkbox"/> O-Rings <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Other <input type="checkbox"/>
<b>FINAL TEST</b>	CLOSED TIGHT <input type="checkbox"/> PSI _____	CLOSED TIGHT <input type="checkbox"/> PSI _____	OPENED AT _____ LBS. REDUCED PRESSURE	SATISFACTORY <input type="checkbox"/>

REMARKS: \_\_\_\_\_

I HEREBY CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION OF THE UNIT TESTED.

Certified Testing Company: \_\_\_\_\_ PHONE: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: Zip: \_\_\_\_\_

Name of Tester: \_\_\_\_\_ Signature of Tester: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_ Test Gage Manufacturer: \_\_\_\_\_ Last Calibration Date: \_\_\_\_\_

Initial Test by: \_\_\_\_\_ Certified Tester No: \_\_\_\_\_ Date: \_\_\_\_\_

Repaired by: \_\_\_\_\_ Certified Repair No: \_\_\_\_\_ Date: \_\_\_\_\_

Final Test By: \_\_\_\_\_ Tester No: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS ASSEMBLY:     PASSED     FAILED**

**MAIL COMPLETED FORM WITHIN 30 DAYS TO:  
Town of Ponce Inlet, Public Works Department - 4875 S. Peninsula Drive – Ponce Inlet, FL 32127**