



City of Jacksonville

Public Services Department

Backflow Prevention Test & Maintenance Report

Customer:		Street Address:	
Assembly Location:		Type of Assembly: (Check one) <input type="checkbox"/> RP <input type="checkbox"/> RPDA <input type="checkbox"/> DCVA <input type="checkbox"/> DCDA <input type="checkbox"/> PVB	
Manufacturer & Model #:		Typ of Service: (Check one) <input type="checkbox"/> Domestic <input type="checkbox"/> Lawn <input type="checkbox"/> Irrigation <input type="checkbox"/> Fire	
Size:	Serial Number:	If fire is selected, how many sprinkler heads:	
New Test:	Recertification Test:	Line Pressure Test (Test Cock #1): _____ PSI	

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Diff. Pressure _____ PSID	<input type="checkbox"/> Opened At _____ PSID <input type="checkbox"/> Did Not Open Buffer _____ PSID	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Diff. Pressure _____ PSID	Air Inlet Opened At _____ PSID <input type="checkbox"/> Did Not Open Check Valve: <input type="checkbox"/> Leaked <input type="checkbox"/> Held At _____ PSID
<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV 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 (specify):	<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV 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 (specify):	<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV 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 (specify):	<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV 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 (specify):
<input type="checkbox"/> Closed Tight Diff. Pressure _____ PSID	Opened at _____ PSID Buffer _____ PSID	<input type="checkbox"/> Closed Tight Diff. Pressure _____ PSID	Air Inlet _____ PSID Buffer _____ PSID
Shut-Off Valve #1 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight		Shut-Off Valve #2 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	

Assembly: Passed Failed

I hereby certify that at the date and time of the test indicated, this data is accurate and reflects the proper operation and maintenance of the assembly per current industry standards.

Test Equipment Information: Differential Duplex Electronic Make: _____ Model: _____ Serial #: _____

Date: _____ Time of Day: _____ AM PM

Printed Name of Certified Backflow Tester: _____ Certification #: _____

Signature of Certified Backflow Tester: _____

Please return this completed test report to The City of Jacksonville Backflow/Cross-Connection/Grease Trap Inspector within ten (10) business days of any tests or repairs. City to claim payment of an unpaid water and sewer bill from a State income tax refund that might be owed.

White Copy - City of Jacksonville Yellow Copy - Customer Pink Copy - Certified Tester