

CITY OF COVINGTON
ENVIRONMENTAL COMPLIANCE DIVISION
BACKFLOW - PREVENTION
 "a community environmental/health protection program"
ASSEMBLY TEST DATA and MAINTENANCE REPORT

ACCOUNT NAME:	ACCOUNT NO:	FILE NO:
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MAILING ADDRESS:

SERVICE ADDRESS:	METER NO.:
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LOCATION OF ASSEMBLY:	INSTALLATION DATE:
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TYPE OF ASSEMBLY:	MANUFACTURER:	MODEL:	SIZE:	SERIAL NO.:
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DATE:	TIME: AM PM	TEST: (CHECK ONE)	INITIAL:	SEMI ANNUAL:	ANNUAL:	OTHER - LIST (I.E., REPAIR RE-TEST)
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DOM:	FIRE:	COMBO:	IRRIG.:	OTHER:	LINE PRESSURE AT TIME OF TEST: _____ P.S.I.G.	PRESSURE DROP ACROSS FIRST CHECK VALVE: _____ P.S.I.D.
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	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
	1. Leaked <input type="checkbox"/>	1. Leaked <input type="checkbox"/>	1. Opened at _____ P.S.I.D. <input type="checkbox"/>	1. Air Inlet 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"/>	2. Did Not Open at _____ Passed <input type="checkbox"/> Failed <input type="checkbox"/>
R E P A I R S	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Check Valve: Leaked _____ P.S.I.D. <input type="checkbox"/>
	Replaced: Disc <input type="checkbox"/>	Replaced: Disc <input type="checkbox"/>	Replaced: Disc <input type="checkbox"/>	Closed at _____ P.S.I.D. <input type="checkbox"/>
	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Upper <input type="checkbox"/>	Cleaned <input type="checkbox"/>
	Guide <input type="checkbox"/>	Guide <input type="checkbox"/>	Lower <input type="checkbox"/>	Replaced: C.V. Assembly <input type="checkbox"/>
	Pin Retainer <input type="checkbox"/>	Pin Retainer <input type="checkbox"/>	Spring <input type="checkbox"/>	Disc Air Inlet <input type="checkbox"/>
	Hinge Pin <input type="checkbox"/>	Hinge Pin <input type="checkbox"/>	Diaphragm, Large <input type="checkbox"/>	Disc C.V. <input type="checkbox"/>
	Seal <input type="checkbox"/>	Seal <input type="checkbox"/>	Upper <input type="checkbox"/>	Spring <input type="checkbox"/>
	Diaphragm <input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Lower <input type="checkbox"/>	Retainer <input type="checkbox"/>
	"O" Rings <input type="checkbox"/>	"O" Rings <input type="checkbox"/>	Diaphragm, Small <input type="checkbox"/>	Guide <input type="checkbox"/>
	Complete Repair Kit .. <input type="checkbox"/>	Complete Repair Kit .. <input type="checkbox"/>	Upper <input type="checkbox"/>	"O" Rings <input type="checkbox"/>
Other, Describe <input type="checkbox"/>	Other, Describe <input type="checkbox"/>	Lower <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.	Passed <input type="checkbox"/>
FINAL TEST	Pressure Drop Across Check Valve No. 1 _____ P.S.I.D. <input type="checkbox"/>			Failed <input type="checkbox"/>

BFP TEST KIT MANUFACTURER	KIT MODEL NO.	KIT SERIAL NUMBER	KIT CALIBRATION TEST DATE	KIT CALIBRATION DUE DATE	KIT CALIBRATION COMPANY
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REMARKS:

Detector Meter Reading	
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I HEREBY CERTIFY THAT THIS DATA IS ACCURATE (TRUE) AND REFLECTS THE PROPER OPERATION, TEST, AND/OR MAINTENANCE OF THIS ASSEMBLY

RETURN REPORT TO:
City of Covington
Environmental Compliance Division
Back Flow - Prevention Unit
P.O. Box 1527
Covington, GA 30015
Office 770-385-2085
Fax 770-385-2109

TESTED BY: (SIGNATURE)	
TESTED BY: (PRINT SIGNATURE)	Add Phone Number
REPAIRED BY: (SIGNATURE)	
FINAL TEST BY: (SIGNATURE)	
TRAINING CERTIFICATION NO.:	CERTIFICATION EXPIRATION DATE: