



WILTON MANORS, *Island City*

2020 WILTON DRIVE, WILTON MANORS, FLORIDA 33305

COMMUNITY DEVELOPMENT SERVICES

(954) 390-2180 FAX: (954) 567-6069

Life's Just Better Here

Water Meter #:	_____
Meter Size:	_____
Service Size:	_____
Inlet Pressure:	_____

BACKFLOW PREVENTION TEST REPORT (FORM MUST BE COMPLETELY FILLED OUT)

INSTALL/TESTER ID: _____ NAME OF PREMISES: _____

SERVICE ADDRESS: _____ CITY: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: _____

LOCATION OF ASSEMBLY: _____

DCVA RPZA PVBA OTHER: _____

NEW INSTALLATION EXISTING REPLACEMENT FIRE BACKFLOW

MAKE OF ASSEMBLY: _____ MODEL: _____ SERIAL NO.: _____ SIZE: _____

INITIAL TEST	DCVA/RPZA CHECK VALVE NO.1	DCVA/RPZA CHECK VALVE NO.2	RPZA	PVBA AIR INLET
PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID AIR GAP OK? _____	OPENED AT _____ PSID NOT OPEN <input type="checkbox"/>
NEW PARTS REPAIRS	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CHECK VALVE HELD AT _____ PSID LEAKED <input type="checkbox"/> _____ CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/>
FINAL TEST PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/> _____ PSID	CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID	AIR INLET _____ PSID CHK VALVE _____ PSID

AIR GAP INSPECTION: Required minimum air gap separation provided? Yes No Detector Meter Reading _____

REMARKS: _____

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the unit.

Certified Testing Company: _____ Qualifier: _____ License: _____

Initial Test By: _____ Test Date: _____ Certificate No.: _____ Cert. Exp. Date: _____

Repaired By: _____ Repair Date: _____ Certificate No.: _____ Cert. Exp. Date: _____

Final Test By: _____ Test Date: _____ Certificate No.: _____ Cert. Exp. Date: _____

Device Installed By: _____ Address: _____ Telephone Number: _____

OFFICE USE ONLY

PERMIT # _____

APPROVED BY UTILITIES: _____

APPROVED BY PLUMBING: _____

DATE: _____

DATE: _____