



Community Development
 Services Department
 2020 Wilton Drive Wilton
 Manors, Florida 33305
 954-390-2180 Phone

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

BACKFLOW PREVENTION ASSEMBLY 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 <input type="checkbox"/> REPLACE <input type="checkbox"/> 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"/> <input type="checkbox"/> <input type="checkbox"/>	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> 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"/> <input type="checkbox"/> <input type="checkbox"/>	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> 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"/> <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: _____

DATE: _____

APPROVD BY PLUMBING: _____

DATE: _____