

CITY OF ST. CLOUD

Cross-Connection Control
 Environmental Utilities Dept.
 3100 Communications Road
 St. Cloud, FL 34769

Note to Tester: Return completed reports by fax,
 mail, or email to the address indicated on this form.

Fax: (407) 957-7121
 Email: backflow@stcloud.org

For questions regarding this report, call (407) 957-7344

BACKFLOW PREVENTION ASSEMBLY TEST & MAINTENANCE REPORT

NAME: _____
 ADDRESS: _____
 PHONE: _____ POC: _____

BACKFLOW DEVICE: PASSED: FAILED:

MANUF: _____ MODEL: _____ SIZE: _____

SERIAL #: _____ DATE OF TEST: _____

Reduced Pressure Principle Assembly				
Double Check Valve Assembly				
	Check Valve # 1	Check Valve # 2	Differential Relief Valve	Pressure Vacuum Breaker
Initial Test	1. Held _____ <input type="checkbox"/> 2. Leaked _____ <input type="checkbox"/>	1. Held _____ <input type="checkbox"/> 2. Leaked _____ <input type="checkbox"/>	Opened _____ PSID Did Not Open <input type="checkbox"/>	Air Inlet Opened _____ PSID Did Not Open <input type="checkbox"/>
REPAIRS	Cleaned _____ <input type="checkbox"/> Replaced: Disc _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Guide _____ <input type="checkbox"/> Pin Retainer _____ <input type="checkbox"/> Hinge Pin _____ <input type="checkbox"/> Seat _____ <input type="checkbox"/> Diaphragm _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/>	Cleaned _____ <input type="checkbox"/> Replaced: Disc _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Guide _____ <input type="checkbox"/> Pin Retainer _____ <input type="checkbox"/> Hinge Pin _____ <input type="checkbox"/> Seat _____ <input type="checkbox"/> Diaphragm _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/>	Cleaned _____ <input type="checkbox"/> Cleaned, Sensing Line(s) _____ <input type="checkbox"/> Replaced: Disc: Upper _____ <input type="checkbox"/> Lower _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Diaphragm: Large: Upper _____ <input type="checkbox"/> Lower _____ <input type="checkbox"/> Small _____ <input type="checkbox"/> Seat: Upper _____ <input type="checkbox"/> Lower _____ <input type="checkbox"/> Spacer: Lower _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/>	Check Valve Held _____ PSID Leaked _____ <input type="checkbox"/> Cleaned _____ <input type="checkbox"/> Replaced: Air Inlet Disc _____ <input type="checkbox"/> Check Disc _____ <input type="checkbox"/> Air Inlet Spring _____ <input type="checkbox"/> Check Spring _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/>
	Final Test	Held _____ <input type="checkbox"/>	Held _____ <input type="checkbox"/>	Opened _____ PSID Reduced Pressure

Comments: _____

The above report is certified to be true.

Tested/Repaired By: _____

Company Represented _____

Phone # _____

Certification # _____