



Department of Public Works & Transportation  
**Water & Wastewater Services - Fiscal Operations Division**  
 2555 W. Copans Road. • Pompano Beach, Florida 33069 • 954-831-3276 • FAX 954-831-0959

**BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT**

Date: \_\_\_\_\_

Name of Premise: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Location of Assembly: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Customer No.: \_\_\_\_\_

Type of Assembly:  R.P.  D.C.  P.V.B. Other \_\_\_\_\_ Size: \_\_\_\_\_ Permit No. \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Meter No.: \_\_\_\_\_

Model Number: \_\_\_\_\_ Serial No.: \_\_\_\_\_

| DOUBLE CHECK                                |  | REDUCED PRESSURE                            |  | PRESSURE VACUUM BREAKER                     |
|---|--|---|--|---|
| CHECK VALVE #1                              | DIFFERENTIAL PRESSURE RELIEF VALVE     | CHECK VALVE #2                              |  |   |
| 1. Leaked <input type="checkbox"/>          | Opened at _____ psi                    | 1. Leaked <input type="checkbox"/>          |  | Air Inlet                                   |
| 2. Closed Tight <input type="checkbox"/>    |  | 2. Closed Tight <input type="checkbox"/>    |  | Opened at _____ psi                         |
| Diff. Pressure Across Check Valve _____ psi | Did Not Open <input type="checkbox"/>  | Diff. Pressure Across Check Valve _____ psi |  | Did Not Open <input type="checkbox"/>       |
| Cleaned Only <input type="checkbox"/>       | Cleaned Only <input type="checkbox"/>  | Cleaned Only <input type="checkbox"/>       |  | Check Valve Leaked <input type="checkbox"/> |
|   |  |   |  | Held At _____ psi                           |
| Replaced                                    | Replaced                               | Replaced                                    |  | Cleaned Only <input type="checkbox"/>       |
| Rubber Parts Kit <input type="checkbox"/>   | Rubber Kit <input type="checkbox"/>    | Rubber Parts Kit <input type="checkbox"/>   |  | Replaced <input type="checkbox"/>           |
| C.V. Assembly <input type="checkbox"/>      | R.V. Assembly <input type="checkbox"/> | C.V. Assembly <input type="checkbox"/>      |  | Rubber Parts Kit <input type="checkbox"/>   |
| or  | or                                     | or  |  | C.V. Assembly <input type="checkbox"/>      |
| Disc <input type="checkbox"/>               | Disc <input type="checkbox"/>          | Disc <input type="checkbox"/>               |  | Disc Air Assembly <input type="checkbox"/>  |
| O-Ring <input type="checkbox"/>             | Diaphragms(s) <input type="checkbox"/> | O-Ring <input type="checkbox"/>             |  | Disc C.V. <input type="checkbox"/>          |
| Seat <input type="checkbox"/>               | Seat <input type="checkbox"/>          | Seat <input type="checkbox"/>               |  | Spring <input type="checkbox"/>             |
| Spring <input type="checkbox"/>             | Spring <input type="checkbox"/>        | Spring <input type="checkbox"/>             |  | Retainer <input type="checkbox"/>           |
| Stem/Guide <input type="checkbox"/>         | Guide <input type="checkbox"/>         | Stem/Guide <input type="checkbox"/>         |  | Guide <input type="checkbox"/>              |
| Retainer <input type="checkbox"/>           | O-Ring <input type="checkbox"/>        | Retainer <input type="checkbox"/>           |  | O-Ring <input type="checkbox"/>             |
| Lock Nuts <input type="checkbox"/>          | Other <input type="checkbox"/>         | Lock Nuts <input type="checkbox"/>          |  | Other <input type="checkbox"/>              |
| Other <input type="checkbox"/>              |  | Other <input type="checkbox"/>              |  |   |

Line Pressure \_\_\_\_\_

NOTE: All repairs/replacement shall be completed within ten (10) days.

Remarks: \_\_\_\_\_

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

Tester: \_\_\_\_\_ Certif. No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Month/Day/Year