



CITY OF SARASOTA
Backflow Prevention
Protecting Water Protecting People
Assembly Test Report



Water Conservation

TESTER NAME (PRINT)		PHONE	FAX
TESTER/COMPANY MAILING ADDRESS		BUILDING PERMIT NO.	
SERVICE ADDRESS		METER NO.	
LOCATION OF DEVICE		SERIAL NO.	
DEVICE INFO	MANUFACTURER	TYPE	SIZE MODEL
DATE	TIME [] AM [] PM	LINE PRESSURE AT TIME OF TEST PSI	PRESSURE DROP ACROSS FIRST CHECK VALVE PSI
	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL PRESSURE RELIEF VALVE
INITIAL TEST	1. Held at _____ PSI 2. Leaked ----- [] 3. Closed tight ----- []	1. Held at _____ PSI 2. Leaked ----- [] 3. Closed tight ----- []	1. Opened at _____ PSI 2. Did not open ----- []
R E P A I R S	Cleaned ----- [] Replaced: Disc ----- [] Spring ----- [] Guide ----- [] Pin retainer ----- [] Hinge pin ----- [] Seal ----- [] Diaphragm ----- [] Other, describe ----- []	Cleaned ----- [] Replaced: Disc ----- [] Spring ----- [] Guide ----- [] Pin retainer ----- [] Hinge pin ----- [] Seal ----- [] Diaphragm ----- [] Other, describe ----- []	Cleaned ----- [] Replaced: Disc. upper ----- [] Disc. Lower ----- [] Spring ----- [] Diaphragm, large Upper ----- [] Lower ----- [] Diaphragm, small Upper ----- [] Lower ----- [] Spacer, lower ----- [] Other, describe ----- []
FINAL TEST	Closed tight ----- []	Closed tight ----- []	Opened at _____ PSI

TYPE OF SERVICE: POTABLE WATER [] POTABLE IRRIGATION [] FIRE SERVICE []

REMARKS: _____

REPORT OF TEST RESULTS: PASSED _____ FAILED _____

CITY OF SARASOTA Utilities Department - Attn: Cross-Connection Section 1750 12 th Street, Sarasota, FL 34236 Ph: (941) 365-2200 Ext. 6289 Fax # (941) 365-4840	THE ABOVE REPORT IS CERTIFIED TO BE TRUE
	TESTED BY: _____
	REPAIRED BY: _____
	FINAL TEST BY: _____
	CERTIFICATION NO: _____