



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



Water Conservation

| | | | |
|--------------------------------|--------------|---------------------|------------|
| TESTER NAME (PRINT) | | CELL | OFFICE |
| 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 _____

| | |
|--|--|
| <p>RETURN REPORT TO:</p> <p align="center">CITY OF SARASOTA Neighborhood and Development Services 1565 First Street, Sarasota, FL 34236 Fax # (941) 954-4178</p> | <p align="center">THE ABOVE REPORT IS CERTIFIED TO BE TRUE</p> <p>TESTED BY: _____</p> <p>REPAIRED BY: _____</p> <p>FINAL TEST BY: _____</p> <p>CERTIFICATION NO: _____</p> |
|--|--|

The backflow device must be installed on private property not within the public right-of-way.