



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 _____

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|--|---|
| 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: _____ |