



CITY OF MELBOURNE BACKFLOW TEST & MAINTENANCE REPORT



Name of Premises: _____ Street Address: _____

City: _____ Zip: _____ Location of Device: _____

Manufacturer: _____ Model: _____ Serial Number: _____ Size: _____

Yearly Test: _____ New Installation: _____ Replacement: _____ RPZ: _____ DDC: _____ DC: _____

Pressure drop across first check valve: _____ PSI Meter # _____

No. 2 Shut Off Valve: LEAKED _____ CLOSED TIGHT _____ REPAIRED _____ REPLACED _____

	CHECK VALVE #1	CHECK VALVE # 2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
INITIAL TEST	1. LEAKED <input type="checkbox"/> 2. CLOSED TIGHT <input type="checkbox"/>	1. LEAKED <input type="checkbox"/> 2. CLOSED TIGHT <input type="checkbox"/>	OPENED AT _____ LBS. DID NOT OPEN <input type="checkbox"/>	AIR INLET OPENED AT _____ PSI DID NOT OPEN <input type="checkbox"/>
R E P A I R S	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CHECK VALVE _____ PSI LEAKED <input type="checkbox"/>
	REPLACED:	REPLACED:	REPLACED:	CLEANED <input type="checkbox"/>
	RUBBER PARTS KIT <input type="checkbox"/>	RUBBER PARTS KIT <input type="checkbox"/>	RUBBER PARTS KIT <input type="checkbox"/>	REPLACED:
	C.V. ASSEMBLY <input type="checkbox"/>	C.V. ASSEMBLY <input type="checkbox"/>	R.V. ASSEMBLY <input type="checkbox"/>	DISC AIR INLET ----- <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 C.V. ----- <input type="checkbox"/>
	O-RINGS----- <input type="checkbox"/>	O-RINGS----- <input type="checkbox"/>	O-RINGS----- <input type="checkbox"/>	O-RINGS ----- <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"/>	GUIDE ----- <input type="checkbox"/>
	STEMGUIDE----- <input type="checkbox"/>	STEMGUIDE----- <input type="checkbox"/>	GUIDE----- <input type="checkbox"/>	OTHER----- <input type="checkbox"/>
RETAINER----- <input type="checkbox"/>	RETAINER----- <input type="checkbox"/>	DIAPHRAGM ----- <input type="checkbox"/>		
LOCK NUTS----- <input type="checkbox"/>	LOCK NUTS----- <input type="checkbox"/>	OTHER----- <input type="checkbox"/>		
OTHER----- <input type="checkbox"/>	OTHER----- <input type="checkbox"/>			
FINAL TEST	CLOSED TIGHT _____ PSI _____ <input type="checkbox"/>	CLOSED TIGHT _____ PSI _____ <input type="checkbox"/>	OPEN AT _____ LBS REDUCED PRESSURE	SATISFACTORY <input type="checkbox"/>

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

Comments: _____

Certified Testing Company: _____ License Expiration Date: _____

Equipment Used: _____ Last Calibration Date: _____

Initial Test By: _____ Certified Tester #: _____ Test Date: _____

Repaired By: _____ Date: _____

Final Test By: _____ Certified Tester #: _____ Test Date: _____

Permit #: _____ Issued Date: _____

**Mail completed form to Cross Connection Control - 2881 Harper Road, Melbourne, FL 32904
or fax completed form to (321) 608-5105**