



426 CLAUDE HOMES SR. AVE.
HAINES CITY, FL 33844
PH: 863-421-3695 FAX: 863-421-3699

INSTRUCTIONS:

The Backflow Test Maintenance Report must be filled out, signed and dated and faxed back to our office to the attention of James Coker.

Should you have any questions please call.

Public Works
Utilities Division

CITY OF HAINES CITY
 426 CLAUDE HOLMES S.R BLVD
 HAINES CITY, FL 33844

TEST AND MAINTENANCE REPORT

TESTERS BUSINESS NAME _____
 PHONE # _____
 FAX # _____

CUSTOMER: _____

STREET ADDRESS: _____

BILLING ADDRESS: _____

LOCATION OF ASSEMBLY: _____

TYPE OF ASSEMBLY: RP [] DC [] PVB [] SVB [] SIZE: _____

MANUFACTURER: _____ MODEL: _____ SERIAL NO: _____

TEST GAUGE MANUFACTURER: _____ GAUGE SERIAL NO: _____

CHECK VALVE # 1	RELIEF VALVE	CHECK VALVE # 2	PVB
LEAKED []	OPENED AT _____ PSI	LEAKED []	AIR INLET OPENED AT _____ PSI
CLOSED TIGHT []	DID NOT OPEN []	CLOSED TIGHT []	DID NOT OPEN []
GUAGE PRESSURE: ACROSS CHECK VALVE PSI	OUTLET SHUT-OFF VALVE: LEAKED [] CLOSED TIGHT []	GUAGE PRESSURE ACROSS CHECK VALVE PSI	CHECK VALVE: LEAKED OR [] HELD AT PSI
CLEANED ONLY []	CLEANED ONLY []	CLEANED ONLY []	CLEANED ONLY []
REPLACED: RUBBER KIT [] CV ASSEMBLY [] OR	REPLACED: RUBBER KIT [] RV ASSEMBLY [] OR	REPLACED: RUBBER KIT [] CV ASSEMBLY [] OR	REPLACED: RUBBER KIT [] CV ASSEMBLY [] OR
DISC []	DISC []	DISC []	DISC []
O-RINGS []	DIAPHRAGM []	O-RINGS []	O-RINGS []
SEAT []	SEAT []	SEAT []	SEAT []
SPRING []	SPRING []	SPRING []	SPRING []
STEM/GUIDE []	GUIDE []	STEM/GUIDE []	STEM/GUIDE []
RETAINER []	O-RINGS []	RETAINER []	RETAINER []
OTHER []	OTHER []	OTHER []	OTHER []
GUAGE PRESSURE ACROSS CHECK VALVE _____ PSI	RELIEF VALVE OPENED AT _____ PSI BUFFER _____ PSI	GUAGE PRESSURE ACROSS CHECK VALVE _____ PSI	AIR INLET _____ PSI CHK VALVE _____ PSI

NOTE: ALL REPAIRS 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 ASSEMBLY.

TESTER: _____ CERTIFIED TESTER # _____
 CERTIFIED REPAIR # _____

THIS ASSEMBLY: [] PASSED [] FAILED DATE: _____