



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

City of Hubbard

Assembly ID	Facility Name		
Acct Number	Meter #		Test Report Due:
Service Address			Schedule Code
			Assembly Info (Replacement/Correction)
Equip Location			SN <input type="checkbox"/>
Location ID	Containment		Mfr <input type="checkbox"/>
Contact Name		Ph	Type <input type="checkbox"/>
Map Page		#2	Size <input type="checkbox"/>
			Model <input type="checkbox"/>
			Install Date
			Permit Num
<input type="checkbox"/> Confinement	<input type="checkbox"/> Freeze Protection	Hazard Type	Haz. Level

Line pressure at time of test: _____ **REPORT OF TEST RESULTS** Approved BFP

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut Off Valves	#1	#2
Initial Test	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Opened at _____ PSID	<input type="checkbox"/> Air Inlet Opened at _____ PSID			
Pass	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Did Not Open	Opened Fully Y <input type="checkbox"/> N <input type="checkbox"/>	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>
Fail	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked		<input type="checkbox"/> Check Held at _____ PSID	Leaked	<input type="checkbox"/>	<input type="checkbox"/>
R E P A I R	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	CLEANED	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Air Inlet Disc	REPLACED	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Air Inlet Spring	REPAIR	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Guide	<input type="checkbox"/> Guide	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Check Disc			
	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Check Spring			
	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> Float			
	<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> Diaphragm			
	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit	Other	<input type="checkbox"/>	<input type="checkbox"/>
Other/Notes: _____							

Final Test	_____ PSID	_____ PSID	_____ PSID	Opened Fully Y <input type="checkbox"/> N <input type="checkbox"/>	Air Inlet _____ PSID	Closed Tight	_____
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> _____ PSID	CK Valve _____ PSID		Pass <input type="checkbox"/>	

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

1A

Initial Test By	Certificate	Test Date:	Gauge Num	Time In	Time Out	Company	Phone
Final Test By							
Repair By							