



CITY OF HINESVILLE BACKFLOW PREVENTION
 DEVICE TEST DATA AND MAINTENANCE
 BACKFLOW • PREVENTION
 "a community" environmental
 health protection program"
 DEVICE TEST DATA and MAINTENANCE REPORT

ACCOUNT NAME:	ACCOUNT NO.:	FILE NO.:
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MAILING ADDRESS:

SERVICE ADDRESS:	METER NO.:
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LOCATION OF DEVICE: AT METER INSIDE BUILDING OTHER _____ INSTALLATION DATE:

DEVICE	Manufacturer	Model	Size	Serial No.
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DATE	TIME	LINE PRESSURE AT TIME OF TEST	LBS.	PRESSURE DROP ACROSS FIRST CHECK VALVE	LBS.
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	CHECK VALVE NO.1	CHECK VALVE NO.2	DIFFERENTIAL PRESSURE RELIEF VALVE
	1. Leaked <input type="checkbox"/> 2. Closed Tight <input type="checkbox"/>	1. Leaked <input type="checkbox"/> 2. Closed Tight <input type="checkbox"/>	1. Opened at _____ lbs. medium pressure 2. Did not open <input type="checkbox"/>
R E P A I R S	Cleaned <input type="checkbox"/> Replaced: Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seal <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other, describe <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced: Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seal <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other, describe <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced: Disc, upper <input type="checkbox"/> Disc, lower <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm, large <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Diaphragm, small <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spacer, lower <input type="checkbox"/> Other, describe <input type="checkbox"/>
	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ lbs reduced pressure.

BFP TEST KIT MODEL NO.	MANUFACTURER	SERIAL NUMBER	CALIBRATION DATE	COMPANY
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Remarks: _____

THE ABOVE REPORT IS CERTIFIED TO BE TRUE

RETURN REPORT TO CITY OF HINESVILLE DEPARTMENT OF INSPECTIONS 115 EAST M.L. KING, JR. DRIVE HINESVILLE, GA31313 (912) 876-4147	TESTED BY _____ REPAIRED BY _____ FINAL TEST BY _____ CERTIFICATION NO. _____ CERTIFICATION EXPIRATION DATE _____
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TURN WATER ON !!!