

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE RECORD

CITY OF PHILADELPHIA
PHILADELPHIA WATER DEPARTMENT

THIS FORM MUST BE COMPLETED BY A CITY CERTIFIED TECHNICIAN

I. GENERAL INFORMATION		JOB NUMBER	ACCOUNT # OR METER # (REQUIRED)		
NAME OF FACILITY		ADDRESS			ZIP
CONTACT PERSON AT FACILITY		TITLE	TELEPHONE NO.		
LOCATION OF ASSEMBLY		DATE OF INSTALLATION	INCOMING LINE PRESSURE		
MANUFACTURER	MODEL	SERIAL NUMBER	SIZE	<input type="checkbox"/> DS <input type="checkbox"/> FS	<input type="checkbox"/> RPZ <input type="checkbox"/> DCV

II. TEST INSTRUMENT CALIBRATION INFORMATION					
TYPE OF INSTRUMENT		MODEL	SERIAL NUMBER	PURCHASE DATE	
CALIBRATED BY				TELEPHONE NO.	
REGISTRATION NO.	CALIBRATED ON		NEXT CALIBRATION DUE		

III. TESTS & REPAIRS INFORMATION					
INITIAL TEST	CHECK VALVE NUMBER 1		CHECK VALVE NUMBER 2		DIFFERENTIAL PRESSURE RELIEF VALVE
	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS THE FIRST CHECK VALVE IS : _____ PSID		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS THE SECOND CHECK VALVE IS : _____ PSID		<input type="checkbox"/> OPEN AT _____ PSID <input type="checkbox"/> DID NOT OPEN
* REPAIRS	<input type="checkbox"/> CLEANED REPAIRED : <input type="checkbox"/> RUBBER PARTS KIT <input type="checkbox"/> SPRING <input type="checkbox"/> CV <input type="checkbox"/> STEM / GUIDE <input type="checkbox"/> DISC <input type="checkbox"/> RETAINER <input type="checkbox"/> O - RINGS <input type="checkbox"/> LOCKNUTS <input type="checkbox"/> SEAT <input type="checkbox"/> OTHER :		<input type="checkbox"/> CLEANED REPAIRED : <input type="checkbox"/> RUBBER PARTS KIT <input type="checkbox"/> SPRING <input type="checkbox"/> CV <input type="checkbox"/> STEM / GUIDE <input type="checkbox"/> DISC <input type="checkbox"/> RETAINER <input type="checkbox"/> O - RINGS <input type="checkbox"/> LOCKNUTS <input type="checkbox"/> SEAT <input type="checkbox"/> OTHER :		<input type="checkbox"/> CLEANED REPAIRED : <input type="checkbox"/> RUBBER PARTS KIT <input type="checkbox"/> SPRING <input type="checkbox"/> CV <input type="checkbox"/> STEM / GUIDE <input type="checkbox"/> DISC <input type="checkbox"/> RETAINER <input type="checkbox"/> O - RINGS <input type="checkbox"/> LOCKNUTS <input type="checkbox"/> SEAT <input type="checkbox"/> OTHER :
	FINAL TEST	<input type="checkbox"/> CLOSED TIGHT AT _____ PSID		<input type="checkbox"/> CLOSED TIGHT AT _____ PSID	

CONDITION OF NO. 2 CONTROL VALVE : CLOSED TIGHT LEAKED

REMARKS : ASSEMBLY FAILED ASSEMBLY PASSED

* NOTE : ALL REPAIRS / REPLACEMENTS MUST BE COMPLETED WITHIN FOURTEEN (14) DAYS

IV. APPROVALS					
I HEREBY CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE ASSEMBLY					
NAME OF CERTIFIED BACKFLOW PREVENTION ASSEMBLY TECHNICIAN (PRINT)		BUSINESS TELEPHONE NUMBER	WITNESS TO ASSEMBLY TEST		
INITIAL TEST	SIGNATURE OF INITIAL CERTIFIED BACKFLOW PREV. ASSEMBLY TECHNICIAN	CERTIFIED TECHNICIAN NO.	DATE	TELEPHONE NO. OF WITNESS	
REPAIRS	SIGNATURE OF REPAIRER	CERTIFIED TECHNICIAN NO.	DATE	Send Completed Original Form To : Philadelphia Water Department Cross Connection Control 1500 E. Hunting Park Avenue Philadelphia, PA 19124-4941 (215) 685-1419 / -1420 / -1455	
FINAL TEST	SIGNATURE OF FINAL CERTIFIED BACKFLOW PREV. ASSEMBLY TECHNICIAN	CERTIFIED TECHNICIAN NO.	DATE		
SIGNATURE OF LICENSED TECHNICIAN		CERTIFIED TECHNICIAN NO.	DATE		