



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

City of Thomasville, NC

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	
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	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>
Pass	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Did not Open		Leaked	<input type="checkbox"/>
Fail	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Check Held at _____ PSID			
R E P A I R	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	CLEANED REPLACED REPAIR	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Air Inlet Disc			
	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Air Inlet Spring			
	<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	Other	<input type="checkbox"/>	<input type="checkbox"/>			
	Other/Notes: _____						
Final Test	_____ PSID	_____ PSID	<input type="checkbox"/> Opened at _____ PSID	Air Inlet _____ PSID	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	_____ PSID	CK Valve _____ PSID	Pass	<input type="checkbox"/>	

THE ABOVE REPORT IS CERTIFIED TO BE TRUE: _____ (Signature of Tester) 1A

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

Submit Completed Forms to:

Public Services Director
City of Thomasville
P.O. Box 368
Thomasville, NC 27361