

**CITY OF SARASOTA SARASOTA**



**Backflow Prevention**  
*Protecting Water Protecting People*  
**Assembly Test Report**



**Water Conservation**

TESTER NAME (PRINT)		PHONE	FAX
TESTER/COMPANY MAILING ADDRESS		BUILDING PERMIT NO.	
SERVICE ADDRESS		METER NO.	
LOCATION OF DEVICE		SERIAL NO.	
DEVICE INFO	MANUFACTURER	TYPE	SIZE MODEL

DATE	TIME	AM <input type="checkbox"/> PM <input type="checkbox"/>	LINE PRESSURE AT TIME OF TEST	PSI	PRESSURE DROP ACROSS FIRST CHECK VALVE	PSI
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	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL PRESSURE RELIEF VALVE
<b>INITIAL TEST</b>	1. Held at _____ PSI 2. Leaked ----- 3. Closed tight -----	1. Held at _____ PSI 2. Leaked ----- 3. Closed tight -----	1. Opened at _____ PSI 2. Did not open -----
<b>R E P A I R S</b>	Cleaned <input type="checkbox"/>  Replaced: Disc----- Spring ----- Guide ----- Pin retainer ----- Hinge pin----- Seal ----- Diaphragm----- Other, describe -----	Cleaned <input type="checkbox"/>  Replaced: Disc ----- Spring ----- Guide ----- Pin retainer ----- Hinge pin ----- Seal ----- Diaphragm ----- Other, describe -----	Cleaned <input type="checkbox"/>  Replaced: Disc. upper ----- Disc. Lower ----- Spring ----- Diaphragm, large Upper ----- Lower ----- Diaphragm, small Upper ----- Lower ----- Spacer, lower ----- Other, describe -----
<b>FINAL TEST</b>	Closed tight -----	Closed tight -----	Opened at _____ PSI

TYPE OF SERVICE: POTABLE WATER       POTABLE IRRIGATION       FIRE SERVICE

REMARKS: \_\_\_\_\_

REPORT OF TEST RESULTS: PASSED       FAILED

<p><b>CITY OF SARASOTA</b>                  Utilities Department - Attn: Cross-Connection Section                  1750 12<sup>th</sup> Street, Sarasota, FL 34236                  Ph: (941) 263-6200                  (941) 365-4840  <a href="mailto:backflow.utilities@sarasotafl.gov">backflow.utilities@sarasotafl.gov</a></p>	<b>THE ABOVE REPORT IS CERTIFIED TO BE TRUE</b>
	TESTED BY:
	REPAIRED BY:
	FINAL TEST BY:
	CERTIFICATION NO: