City of McDonough Water Department

136 Keys Ferry Street • McDonough, Georgia 30253
Telephone: (770) 957-3915 Fax: (770) 957-7231

BACK FLOW - PREVENTION ASSEMBLY TEST DATA and MAINTENANCE REPORT

ACCOUNT NAME: | ACCOUNT NO .

MAILING ADDRESS: | METER NO .

SERVICE ADDRESS:

LOCATION OF ASSEMBLY: | INSTALLATION DATE:

TYPE OF ASSEMBLY: MANUFACTURER: MODEL: SIZE: SERIAL NO:

DATE:	TIME: AM PM	TEST: (CHECK ONE)	INITIAL:	SEMI ANNUAL:	OTHER - LIST (I.E. REPAIR TEST)

DOM:	FIRE:	COMBO:	IRRIG:	OTHER	LINE PRESSURE AT TIME OF TEST: P.S.I.D.	PRESSURE DROP ACROSS: FIRST CHECK VALVE: P.S.I.D.

	CHECK VALVE NO . 1	CHECK VALVE NO . 2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
	1. Leaked ☐ 2. Closed at ____P.S.I.D. ☐	1. Leaked ☐ 2. Closed at ____P.S.I.D. ☐	1. Opened at ____P.S.I.D. ☐ 2. Did Not Open ☐	1. Air Inlet Opened at ____ P.S.I.D. ☐ 2.Did Not Open at ____ Passed ☐ Failed ☐
REPAIRS	Cleaned ☐ Replaced: Disc ☐ Spring ☐ Guide ☐ Pin Retainer ☐ Hinge Pin ☐ Seal ☐ Diaphragm ☐ "O" Rings ☐ Complete Repair Kit ☐ Other, Describe ☐	Cleaned ☐ Replaced: Disc ☐ Spring ☐ Guide ☐ Pin Retainer ☐ Hinge Pin ☐ Seal ☐ Diaphragm ☐ "O" Rings ☐ Complete Repair Kit ☐ Other, Describe ☐	Cleaned ☐ Replaced: Disc Upper ☐ Lower ☐ Spring ☐ Diaphragm, Large ☐ Upper ☐ Lower ☐ Diaphragm, Small ☐ Upper ☐ Lower ☐ Spacer Lower ☐ "O" Rings ☐ Complete Repair Kit ☐ Other, Describe ☐	Checked Valve Leaked ____ P.S.I.D. ☐ Closed at ____ P.S.I.D. ☐ Cleaned ☐ Replaced: CV Assembly ☐ Direct Air Inlet ☐ Disc CV ☐ Spring ☐ Retainer ☐ Guide ☐ Seal ☐ "O" Rings ☐ Other, Describe ☐
FINAL TEST	Closed at ____P.S.I.D. ☐ Pressure Drop Across Check Valve No.1 ____P.S.I.D. ☐	Closed at ____P.S.I.D. ☐	Closed at ____P.S.I.D. ☐	Passed ☐ Failed ☐

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

REMARKS:

I HEREBY CERTIFY THAT THIS DATE IS ACCURATE (TRUE) AND REFLECTS THE PROPER OPERATION, TEST AND/OR MAINTENANCE OF THIS ASSEMBLY

PLEASE PRINT CLEARLY

COMPANY NAME

TELEPHONE

TESTED BY: (SIGNATURE)

REPAIRED BY: (SIGNATURE)

FINAL TEST BY: (SIGNATURE)

TRAINING CERTIFICATION NO . | CERTIFICATION EXPIRATION DATE:

TURN WATER ON !!!!!!

WHITE: RETURN TO: McDWD CANARY: TESTER'S COPY PINK: CUSTOMER'S COPY