



City of Baldwin
BACKFLOW PREVENTION
 "A Community Environmental/Health Protection Program"
ASSEMBLY TEST DATE and MAINTENANCE REPORT

New

Existing

NAME OF BUSINESS:		TYPE OF SERVICE: DOMESTIC <input type="checkbox"/> FIRE <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER <input type="checkbox"/>		
SERVICE ADDRESS:		CONTACT PERSON (Name & Cell Phone Number or Email)		
MAILING ADDRESS:		*METER NUMBER:	*MXU NUMBER:	
LOCATION OF ASSEMBLY:		INSTALLATION DATE:		
TYPE OF ASSEMBLY:	MANUFACTURER:	MODEL:	SIZE:	SERIAL NUMBER:
DATE:	TIME:	LINE PRESSURE AT TIME OF TEST:	PRESSURE DROP ACROSS FIRST CHECK VALVE:	LBS.

	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL PRESSURE RELIEF VALVE	
INITIAL TEST	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 reduced pressure _____ lbs. 2. Did Not Open..... <input type="checkbox"/>	
R E P A I R S	Cleaned..... <input type="checkbox"/> Replaced..... <input type="checkbox"/> 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..... <input type="checkbox"/> 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"/> Lower..... <input type="checkbox"/> Spring..... <input type="checkbox"/> Diaphragm, large Upper..... <input type="checkbox"/> Lower..... <input type="checkbox"/> Diaphragm, small Upper..... <input type="checkbox"/> Lower..... <input type="checkbox"/> Spacer, Lower..... <input type="checkbox"/> Other, describe..... <input type="checkbox"/>	
FINAL TEST	Closed Tight..... <input type="checkbox"/>	Closed Tight..... <input type="checkbox"/>	Opened at reduced pressure. _____ lbs.	
BFP TEST KIT MODEL NO:	KIT MANUFACTURER;	KIT SERIAL NUMBER:	KIT CALIBRATION DUE DATE	CALIBRATION COMPANY:

REMARKS: _____

PUBLIC WORKS DEPARTMENT CITY OF BALDWIN Mail: PO BOX 247 Physical: 201 INDUSTRIAL PARK ROAD BALDWIN, GA 30511 Office: 706-778-6341 SUBMIT REPORTS TO: sbarnhart@cityofbaldwin.org	THE ABOVE REPORT IS CERTIFIED TO BE TRUE	
	TESTED BY: (SIGNATURE)	
	FINAL TEST BY: (SIGNATURE)	
	TESTING COMPANY NAME:	
	Tester Printed Name:	Tester Cell Number:
	TRAINING	EXPIRATION DATE
CERTIFICATE NO:	OF CERTIFICATE:	

NOTE: ALL REPAIRS/REPLACEMENT SHALL BE COMPLETED WITHIN TEN (10) DAYS
 ANNUAL TESTING IS REQUIRED - YOUR NEXT TEST DATE IS _____