

**City of Commerce**  
**BACKFLOW-PREVENTION**  
**DEVICE TEST DATA AND MAINTENANCE REPORT**

BUSINESS NAME:			IRRIGATION	DOMESTIC	FIRE	OTHER
SERVICE ADDRESS: SUITE #			METER #:	METER READING		
LOCATION OF DEVICE:			INSTALLATION DATE:			
Existing	Replaced	New				
DEVICE TYPE	MANUFACTURER	MODEL	SIZE	SERIAL #		
DATE:	TIME AM      PM	LINE PRESSURE AT TIME OF TEST: LBS	PRESSURE DROP ACROSS FIRST CHECK VALVE: LBS			
	DC AND PVB, 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 _____ lbs. RP AND PVB 1. Reduced pressure. 2. Did not open <input type="checkbox"/>			
<b>R E P A I R S</b>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>			
	Replaced:	Replaced:	Replaced:			
	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	Disc. Upper <input type="checkbox"/>			
	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Disc Lower <input type="checkbox"/>			
	Guide <input type="checkbox"/>	Guide <input type="checkbox"/>	Spring <input type="checkbox"/>			
	Pin retainer <input type="checkbox"/>	Pin retainer <input type="checkbox"/>	Diaphragm, large Upper <input type="checkbox"/>			
	Hinge pin <input type="checkbox"/>	Hinge pin <input type="checkbox"/>	Lower <input type="checkbox"/>			
	Seal <input type="checkbox"/>	Seal <input type="checkbox"/>	Diaphragm, small Upper <input type="checkbox"/>			
	Diaphragm <input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Lower <input type="checkbox"/>			
	Other, describe	Other, describe	Spacer, lower <input type="checkbox"/>			
PSID:	PSID:	Other, describe				
FINAL TEST	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ lbs. Reduced pressure.			
ACCESSIBILITY:	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>			
Remarks						
<b>THE ABOVE REPORT IS CERTIFIED TO BE TRUE</b>						
Tested by {signature }			{ print name }			
Repaired by {signature }			{ print name }			
Company name						
Training Certification			Certification Exp. Date			
BFP Test Kit Manufacturer			Kit Model			
Kit Serial No.						
Pass			Fail			
Return Report to: City of Commerce Department of Water and Sewer Backflow Prevention Section 545 Cedar Drive Commerce GA. 30529 E-Mail: tonyd@commercega.org			Turn Water on			