



Building and Code Services

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CERTIFIED BACKFLOW TEST

PERMIT # _____

LOCATION ID # _____

DATE OF TEST _____

MANUFACTURER _____

SERIAL # _____

METER # _____

MODEL # _____

SIZE _____

LOCATION OF DEVICE _____

NAME OF PREMISE

STREET ADDRESS

CHECK VALVE #1	RELIEF VALVE	CHECK VALVE #2	PRESSURE VACUUM
Leaked <input type="radio"/> Closed Tight <input type="radio"/> Diff. Pressure across check valve _____psi	Opened at _____psi Did not open <input type="radio"/>	Leaked <input type="radio"/> Closed Tight <input type="radio"/> Diff. Pressure across check valve _____psi	Air inlet opened <input type="radio"/> at _____lbs. <input type="radio"/> Did not Open <input type="radio"/> Check valve leaked held at _____
Cleaned Only <input type="radio"/> Replaced: Rubber Kit <input type="radio"/> CV Assembly <input type="radio"/> or Disc <input type="radio"/> O-Rings <input type="radio"/> Seal <input type="radio"/> Spring <input type="radio"/> Stem / Guide <input type="radio"/> Retainer <input type="radio"/> Lock Nuts <input type="radio"/> Other <input type="radio"/>	Cleaned Only <input type="radio"/> Replaced: Rubber Kit <input type="radio"/> RV Assembly <input type="radio"/> or Disc <input type="radio"/> Diaphragm(s) <input type="radio"/> Seal <input type="radio"/> Spring <input type="radio"/> Guide <input type="radio"/> O-Rings <input type="radio"/> Other <input type="radio"/>	Cleaned Only <input type="radio"/> Replaced: Rubber Kit <input type="radio"/> CV Assembly <input type="radio"/> or Disc <input type="radio"/> O-Rings <input type="radio"/> Seal <input type="radio"/> Spring <input type="radio"/> Stem / Guide <input type="radio"/> Retainer <input type="radio"/> Lock Nuts <input type="radio"/> Other <input type="radio"/>	Cleaned Only <input type="radio"/> Replaced: Rubber Kit <input type="radio"/> CV Assembly <input type="radio"/> or Disc, <input type="radio"/> Air Assembly <input type="radio"/> Disc, CV <input type="radio"/> Spring <input type="radio"/> Retainer <input type="radio"/> Guide <input type="radio"/> O-Rings <input type="radio"/> Other <input type="radio"/>
Diff. Pressure across check valve _____psi	Opened at _____psi	Diff. Pressure across check valve _____psi	Air inlet _____ Check Valve _____

NOTE: All repairs / replacements shall be completed within ten (10) days.

REMARKS: _____

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the unit.

Certified Testing Company: _____ Test Equipment Used _____

Passed _____ Failed - Repair Needed _____ Exp. Date _____

Initial Test By _____ Date Repaired _____

Final Test By _____ Certified Tester No. _____

Signature _____