

# City of Tampa Backflow Assembly Test Report

Facility Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Device Type: \_\_\_\_\_

Device Manufacturer: \_\_\_\_\_

Model Number: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Device Size: \_\_\_\_\_

Device Location: \_\_\_\_\_

Meter Number: \_\_\_\_\_

**Result:**    **Pass**    **Fail**

Check Valve #1	Check Valve #2	Relief Valve	Pressure Vacuum Breaker
<input type="checkbox"/> leaked <input type="checkbox"/> held  Differential pressure across CV: _____ (psid)	<input type="checkbox"/> leaked <input type="checkbox"/> held  Differential pressure across CV: _____ (psid)	<input type="checkbox"/> did not open Opened at: _____ (psid)	<b>Air Inlet</b> <input type="checkbox"/> did not open <input type="checkbox"/> opened at: _____ (psid)  <b>Check Valve</b> <input type="checkbox"/> leaked <input type="checkbox"/> held at: _____ (psid)
<input type="checkbox"/> cleaned <input type="checkbox"/> replacement kit <input type="checkbox"/> replaced other <input type="checkbox"/> replaced device	<input type="checkbox"/> cleaned <input type="checkbox"/> replacement kit <input type="checkbox"/> replaced other <input type="checkbox"/> replaced device	<input type="checkbox"/> cleaned <input type="checkbox"/> replacement kit <input type="checkbox"/> replaced other <input type="checkbox"/> replaced device	<input type="checkbox"/> cleaned <input type="checkbox"/> replacement kit <input type="checkbox"/> replaced other <input type="checkbox"/> replaced device
FINAL TEST			
Differential pressure across CV: _____ (psid)	Differential pressure across CV: _____ (psid)	Opened at: _____ (psid)	<b>Air Inlet</b> <input type="checkbox"/> opened at: _____ (psid)  <b>Check Valve</b> <input type="checkbox"/> held at: _____ (psid)

**Note: All repairs shall be completed within ten (10) days.**

Remarks: \_\_\_\_\_

I hereby certify that this data is accurate and reflects the proper testing and maintenance of the above assembly:

Tester Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Tester Signature: \_\_\_\_\_ Certification #: \_\_\_\_\_

Company: \_\_\_\_\_ Company Phone: \_\_\_\_\_

Return this form to:



Tampa Water Department  
 Cross-Connection Control  
 7125 N. 30th Street  
 Tampa, FL 33610  
 Phone: (813) 231-5266  
 Fax: (813) 231-5228