

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)	Air Inlet <input type="checkbox"/> did not open <input type="checkbox"/> opened at: _____ (psid) Check Valve <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)	Air Inlet <input type="checkbox"/> opened at: _____ (psid) Check Valve <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