



**CITY OF SARASOTA**  
**Backflow Prevention**  
*Protecting Water Protecting People*  
**Assembly Test Report**



**Water Conservation**

TESTER NAME (PRINT)		PHONE	FAX
TESTER/COMPANY MAILING ADDRESS		BUILDING PERMIT NO.	
SERVICE ADDRESS		METER NO.	
LOCATION OF DEVICE		SERIAL NO.	
DEVICE INFO	MANUFACTURER	TYPE	SIZE MODEL
DATE	TIME [ ] AM [ ] PM	LINE PRESSURE AT TIME OF TEST	PSI PRESSURE DROP ACROSS FIRST CHECK VALVE PSI

	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL PRESSURE RELIEF VALVE
<b>INITIAL TEST</b>	1. Held at _____ PSI 2. Leaked ----- [ ] 3. Closed tight ----- [ ]	1. Held at _____ PSI 2. Leaked ----- [ ] 3. Closed tight ----- [ ]	1. Opened at _____ PSI 2. Did not open ----- [ ]
<b>R E P A I R S</b>	Cleaned ----- [ ] Replaced: Disc ----- [ ] Spring ----- [ ] Guide ----- [ ] Pin retainer ----- [ ] Hinge pin ----- [ ] Seal ----- [ ] Diaphragm ----- [ ] Other, describe ----- [ ]	Cleaned ----- [ ] Replaced: Disc ----- [ ] Spring ----- [ ] Guide ----- [ ] Pin retainer ----- [ ] Hinge pin ----- [ ] Seal ----- [ ] Diaphragm ----- [ ] Other, describe ----- [ ]	Cleaned ----- [ ] Replaced: Disc. upper ----- [ ] Disc. Lower ----- [ ] Spring ----- [ ] Diaphragm, large Upper ----- [ ] Lower ----- [ ] Diaphragm, small Upper ----- [ ] Lower ----- [ ] Spacer, lower ----- [ ] Other, describe ----- [ ]
<b>FINAL TEST</b>	Closed tight ----- [ ]	Closed tight ----- [ ]	Opened at _____ PSI

TYPE OF SERVICE: POTABLE WATER [ ] POTABLE IRRIGATION [ ] FIRE SERVICE [ ]

REMARKS: \_\_\_\_\_

REPORT OF TEST RESULTS: PASSED \_\_\_\_\_ FAILED \_\_\_\_\_

<p><b>CITY OF SARASOTA</b>          Utilities Department - Attn: Cross-Connection Section          1750 12<sup>th</sup> Street, Sarasota, FL 34236          Ph: (941) 365-2200 Ext. 6289          Fax # (941) 365-4840</p>	<b>THE ABOVE REPORT IS CERTIFIED TO BE TRUE</b>
	TESTED BY: _____
	REPAIRED BY: _____
	FINAL TEST BY: _____
	CERTIFICATION NO: _____