



## CITY OF ROME BACKFLOW PREVENTION PROGRAM

ASSEMBLY TEST DATA and MAINTENANCE REPORT

**\* TEST WILL BE REJECTED IF HIGHLIGHTED BOXES ARE INCOMPLETE \***

ACCOUNT NAME		CITY OF ROME WATER ACCOUNT #		FILE №.	
MAILING ADDRESS			CONTACT PERSON		
SERVICE ADDRESS				METER №	
LOCATION OF ASSEMBLY				INSTALLATION DATE:	
DEVICE TYPE	MANUFACTURER	MODEL	SIZE	SERIAL №	
TEST DATE	TIME	LINE PRESSURE AT TIME OF TEST		PRESSURE DROP ACROSS	
		P.S.I.D.		FIRST CHECK VALVE	P.S.I.D.
	CHECK VALVE № 1	CHECK VALVE № 2		DIFFERENTIAL PRESSURE RELIEF VALVE	
	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 _____ p.s.i.d. 2. Did Not Open..... <input type="checkbox"/>	
R E P A I R S	Cleaned..... <input type="checkbox"/> Replaced: Disc..... <input type="checkbox"/> Spring..... <input type="checkbox"/> Guide..... <input type="checkbox"/> Pin Retainer..... <input type="checkbox"/> Hinge Pin..... <input type="checkbox"/> Seal..... <input type="checkbox"/> "O" Rings..... <input type="checkbox"/> Complete Repair Kit..... <input type="checkbox"/> Other, Describe..... <input type="checkbox"/>	Cleaned..... <input type="checkbox"/> Replaced: Disc..... <input type="checkbox"/> Spring..... <input type="checkbox"/> Guide..... <input type="checkbox"/> Pin Retainer..... <input type="checkbox"/> Hinge Pin..... <input type="checkbox"/> Seal..... <input type="checkbox"/> "O" Rings..... <input type="checkbox"/> Complete Repair Kit..... <input type="checkbox"/> Other, Describe..... <input type="checkbox"/>		Cleaned..... <input type="checkbox"/> Replaced: Disc..... <input type="checkbox"/> Upper..... <input type="checkbox"/> Lower..... <input type="checkbox"/> Spring..... <input type="checkbox"/> Diaphragm, Large..... <input type="checkbox"/> Upper..... <input type="checkbox"/> Lower..... <input type="checkbox"/> Diaphragm, Small..... <input type="checkbox"/> Upper..... <input type="checkbox"/> Lower..... <input type="checkbox"/> Spacer Lower..... <input type="checkbox"/> "O" Rings..... <input type="checkbox"/> Complete Repair Kit..... <input type="checkbox"/> Other, Describe..... <input type="checkbox"/>	
FINAL TEST	Closed at _____ P.S.I.D. <input type="checkbox"/> Pressure Drop Across Check Valve №1 _____ P.S.I.D. <input type="checkbox"/>		Closed at _____ P.S.I.D. <input type="checkbox"/>		Opened at _____ P.S.I.D. <input type="checkbox"/>
BFP TEST KIT MANUFACTURER		KIT MODEL NO.	KIT SERIAL NUMBER	KIT CALIBRATION	DATE
COMPANY					
REMARKS: PASS OR FAIL:					
I HEREBY CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION, TEST, AND/OR MAINTENANCE					
OF THIS ASSEMBLY.					
<b>Return test reports and tester certifications to:</b>  <b>CITY OF ROME BACKFLOW PREVENTION PROGRAM</b>  EMAIL TO: <a href="mailto:romegabfp@romeqa.us">romegabfp@romeqa.us</a>  FAX TO: 706-236-4564  MAIL TO: P.O. BOX 1711 ROME, GEORGIA 30162-1711			TESTED BY: (SIGNATURE)		
			REPAIRED BY: (SIGNATURE)		
			FINAL TEST BY: (PLEASE PRINT)		
			TRAINING CERTIFICATION NO.		CERTIFICATION EXPIRATION DATE: