



**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 #	
DEVICE LOCATION				INSTALLATION DATE:	
DEVICE TYPE		MANUFACTURER	MODEL	SIZE	SERIAL #
TEST DATE		TIME	LINE PRESSURE AT TIME OF TEST P.S.I.D.	PRESSURE DROP ACROSS 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	Cleansed..... <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"/>		Cleansed..... <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"/>		Cleansed..... <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"/>	
BFP TEST KIT MANUFACTURER		KIT MODEL #	KIT SERIAL #	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.					
Return test reports and tester certifications to: CITY OF ROME BACKFLOW PREVENTION PROGRAM EMAIL TO: romegabfp@romeqa.us FAX TO: 706-236-4564 MAIL TO: P.O. BOX 1433 ROME, GEORGIA 30162-1433			TESTED BY: (SIGNATURE) REPAIRED BY: (SIGNATURE) FINAL TEST BY: (PLEASE PRINT) TRAINING CERTIFICATION # CERTIFICATION EXPIRATION DATE:		