



CITY OF HINESVILLE BACKFLOW PREVENTION  
 DEVICE TEST DATA AND MAINTENANCE  
 BACKFLOW • PREVENTION  
*"a community" environmental  
 health protection program"*  
 DEVICE TEST DATA and MAINTENANCE REPORT

ACCOUNT NAME:	ACCOUNT NO.:	FILE NO.:
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MAILING ADDRESS:

SERVICE ADDRESS:	METER NO.:
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LOCATION OF DEVICE:     AT METER     INSIDE BUILDING     OTHER \_\_\_\_\_    INSTALLATION DATE:

DEVICE	Manufacturer	Model	Size	Serial No.
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DATE	TIME	LINE PRESSURE AT TIME OF TEST	LBS.	PRESSURE DROP ACROSS FIRST CHECK VALVE	LBS.
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	CHECK VALVE NO.1	CHECK VALVE NO.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 _____ lbs. medium pressure 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"/> Diaphragm ..... <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"/> Diaphragm ..... <input type="checkbox"/> Other, describe ..... <input type="checkbox"/>	Cleaned ..... <input type="checkbox"/>  Replaced: Disc, upper ..... <input type="checkbox"/> Disc, 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"/> Other, describe ..... <input type="checkbox"/>
	Closed tight ..... <input type="checkbox"/>	Closed tight ..... <input type="checkbox"/>	Opened at _____ lbs reduced pressure.

BFP TEST KIT MODEL NO.	MANUFACTURER	SERIAL NUMBER	CALIBRATION DATE	COMPANY
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Remarks: \_\_\_\_\_

**THE ABOVE REPORT IS CERTIFIED TO BE TRUE**

RETURN REPORT TO  CITY OF HINESVILLE DEPARTMENT OF INSPECTIONS 115 EAST M.L. KING, JR. DRIVE HINESVILLE, GA31313 (912) 876-4147	TESTED BY _____  REPAIRED BY _____  FINAL TEST BY _____  CERTIFICATION NO. _____      CERTIFICATION EXPIRATION DATE _____
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TURN WATER ON !!!