



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			
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	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.						
	Return test reports and tester certifications to:		TESTED BY: (SIGNATURE)				
	CITY OF ROME BACKFLOW PREVENTION PROGRAM		REPAIRED BY: (SIGNATURE)				
EMAIL TO: romegabfp@romeaga.us		FINAL TEST BY: (PLEASE PRINT)					
FAX TO: 706-236-4564							
MAIL TO: P.O. BOX 1711 ROME, GEORGIA 30162-1711		TRAINING CERTIFICATION NO.		CERTIFICATION EXPIRATION DATE:			