



## CITY OF COCOA - UTILITIES DEPARTMENT

### BACKFLOW ASSEMBLY TEST/CERTIFICATION FORM

PROJECT: \_\_\_\_\_

Property Address: \_\_\_\_\_

Type of Assembly:     DCA     DCVA     RPBA     DDCA     RPDA     Other \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_ Serial #: \_\_\_\_\_

Size:     3/4"     1"     1 1/2"     2"     3"     4"     6"     8"    Meter#: \_\_\_\_\_

Type of Service:     Potable Water     Potable Irrigation     Fire Service

	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER	
<b>INITIAL TEST</b>	1. Leaked	1. Leaked	1. Opened at _____ P _____ SI	1. Air inlet opened at _____ PSI	
	2. Closed Tight	2. Closed Tight	2. Did not open	2. Did not open	
	3. PSI _____	3. PSI _____			
<b>REPAIRS</b>	Cleaned	Cleaned	Cleaned	Check Valve: _____ PSI	
				Leaked	<input type="checkbox"/>
	Replaced:	Replaced:	Replaced:	Cleaned	<input type="checkbox"/>
	Rubber parts kit	Rubber parts kit	Rubber parts kit		
	C.V. assembly <input type="checkbox"/>	C.V. assembly <input type="checkbox"/>	R.V. assembly <input type="checkbox"/>	Replaced:	
	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	C.V. assembly	
	O-Rings <input type="checkbox"/>	O-Rings <input type="checkbox"/>	O-Rings <input type="checkbox"/>	Disc, Air Inlet <input type="checkbox"/>	
	Seat <input type="checkbox"/>	Seat <input type="checkbox"/>	Seat <input type="checkbox"/>	Disc, C.V. <input type="checkbox"/>	
	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	O-Rings <input type="checkbox"/>	
	Stem/Guide <input type="checkbox"/>	Stem/Guide <input type="checkbox"/>	Guide <input type="checkbox"/>	Spring <input type="checkbox"/>	
	Retainer <input type="checkbox"/>	Retainer <input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Guide <input type="checkbox"/>	
	Lock Nuts <input type="checkbox"/>	Lock Nuts <input type="checkbox"/>	Other <input type="checkbox"/>	Retainer <input type="checkbox"/>	
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Other <input type="checkbox"/>		
<b>FINAL TEST</b>	Closed Tight at _____ PSI	Closed Tight at _____ PSI	Closed Tight at _____ PSI	Failed	_____
				Passed	_____

TEST EQUIPMENT USED: \_\_\_\_\_ LAST CALIBRATION DATE: \_\_\_\_\_

License Expiration date: \_\_\_\_\_

INITIAL TEST BY:			CERT #:		DATE:	
REPAIRED BY:			CERT #:		DATE:	
FINAL TEST BY:			CERT #:		DATE:	
Remarks:						

I HEREBY CERTIFY that this data is accurate and reflects the proper operation and maintenance of the unit.

CERTIFIED TESTING COMPANY: