

BACK FLOW TEST FORM

ACCOUNT # _____ CUSTOMER _____
 SERVICE ADDRESS _____
 CONTACT PERSON: _____ PHONE # _____
 MANIFOLD MODEL: _____ SERIAL # _____
 MANIFOLD SIZE _____ MONTH TESTED _____
 BACK FLOW TYPE _____ BACK FLOW USE _____
 LOCATION _____

INLET PSI	<u>AIR INLET</u>	<u>CHECK VALVES</u>		<u>DIFFERENTIAL PRESSURE RELIEF VALVE</u>	<u>SHUT OFF VALVES</u>			
	[]	#1	#2		#1	#2		
INITIAL TEST	OPENING PSI [] BELOW 1 PSI []			CLOSE TIGHT HOLDING PSI (RP/PVB) LEAKED	<input type="checkbox"/> OPENING PSI <input type="checkbox"/> DRIPPING <input type="checkbox"/> DID NOT OPEN			TIGHT TESTED WITH LEAK
R E P A I R S	<input type="checkbox"/> CLEANED <u>REPLACED</u>			CLEANED FLUSHED <u>REPLACED</u>	<input type="checkbox"/> CLEANED <input type="checkbox"/> EXERCISED <u>REPLACED</u>			CLEANED REPLACED
	<input type="checkbox"/> POPPET/DISC <input type="checkbox"/> SPRING <input type="checkbox"/> BONNET/SEAT <input type="checkbox"/> COVER <input type="checkbox"/> OTHER (DESCRIBE)			DISC O-RING GUIDE SPRING MODULE SEAT TEST COCK(S) 1-2-3-4 OTHER (DESCRIBE)	<input type="checkbox"/> RUBBER PARTS <input type="checkbox"/> DISC(S) <input type="checkbox"/> DIAPHRAGM(S) <input type="checkbox"/> O-RING(S) <input type="checkbox"/> SEAT <input type="checkbox"/> STEM <input type="checkbox"/> MODULE <input type="checkbox"/> OTHER (DESCRIBE)	<u>VALVE TYPE</u>		
								GATE NRS GATE OSY
								<u>RESILIENT</u>
								GATE NRS GATE OSY BUTTERFLY BALL
FINAL	OPENING PSI []			CLOSE TIGHT HOLDING PSI (RP/PVB)	OPENING PSI []			

TEST RESULTS

I CERTIFY THE ABOVE INFORMATION TO BE TRUE

<input type="checkbox"/> PASSED	TESTED BY	SAN BERNARDINO	CERT #	DATE
<input type="checkbox"/> FAILED	TESTED BY	SAN BERNARDINO	CERT #	DATE
<input type="checkbox"/> PASSED	RETESTED BY	SAN BERNARDINO	CERT #	DATE