



BACKFLOW PREVENTER TEST AND MAINTENANCE REPORT (CAPODICHINO)

REPORT # _____

- INITIAL
 UPON FOLLOW UP

WO # ASSET #
(IN CASE OF "NEW INSTALLATION" USE "N/A - NI")

AREA	BLDG #	FACILITY NAME
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ASSEMBLY:	TYPE: <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> RP	SIZE: _____	DEGREE OF HAZARD: <input type="checkbox"/> HIGH <input type="checkbox"/> LOW
	MANUFACTURER	MODEL #	SERIAL #
	ASSEMBLY LOCATION		SPECIAL REQUIREMENTS

GAUGE:	MANUFACTURER	SERIAL #	DATE CALIBRATED
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CHECK VALVE #1	RELIEF VALVE	CHECK VALVE #2	PRESSURE VACUUM BREAKER
<input type="checkbox"/> LEAKED	<input type="checkbox"/> NOT OPENED	<input type="checkbox"/> LEAKED	<input type="checkbox"/> AIR INLET: NOT OPENED
<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> OPENED AT: _____ PSI	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> OPENED AT: _____ PSI

GAUGE PRESSURE ACROSS CHECK VALVE _____ PSI	OUTLET SHUT-OFF VALVE: <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	GAUGE PRESSURE ACROSS CHECK VALVE _____ PSI	CHECK VALVE: LEAKED HELD AT _____ PSI
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<input type="checkbox"/> CLEANED ONLY <input type="checkbox"/> REPLACED: <input type="checkbox"/> - RUBBER KIT <input type="checkbox"/> - CV ASSEMBLY <input type="checkbox"/> - DISC <input type="checkbox"/> - O-RINGS <input type="checkbox"/> - SEAT <input type="checkbox"/> - SPRING <input type="checkbox"/> - STEM/GUIDE <input type="checkbox"/> - RETAINER <input type="checkbox"/> - LOCK NUTS <input type="checkbox"/> - OTHER	<input type="checkbox"/> RV CLEANED ONLY <input type="checkbox"/> REPLACED: <input type="checkbox"/> - RV RUBBER KIT <input type="checkbox"/> - RV ASSEMBLY <input type="checkbox"/> - DISC <input type="checkbox"/> - DIAPHRAGM (S) <input type="checkbox"/> - SEAT <input type="checkbox"/> - SPRING <input type="checkbox"/> - GUIDE <input type="checkbox"/> - O-RING <input type="checkbox"/> - OTHER	<input type="checkbox"/> CLEANED ONLY <input type="checkbox"/> REPLACED: <input type="checkbox"/> - RUBBER KIT <input type="checkbox"/> - CV ASSEMBLY <input type="checkbox"/> - DISC <input type="checkbox"/> - O-RINGS <input type="checkbox"/> - SEAT <input type="checkbox"/> - SPRING <input type="checkbox"/> - STEM/GUIDE <input type="checkbox"/> - RETAINER <input type="checkbox"/> - LOCK NUTS <input type="checkbox"/> - OTHER	<input type="checkbox"/> CLEANED ONLY <input type="checkbox"/> REPLACED: <input type="checkbox"/> - RUBBER KIT <input type="checkbox"/> - CV ASSEMBLY <input type="checkbox"/> - DISC, AIR INLET <input type="checkbox"/> - DISC, CV <input type="checkbox"/> - SEAT, CV <input type="checkbox"/> - SPRING, CV <input type="checkbox"/> - RETAINER <input type="checkbox"/> - GUIDE <input type="checkbox"/> - O-RING <input type="checkbox"/> - OTHER
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GAUGE PRESSURE ACROSS CHECK VALVE _____ PSI	RELIEF VALVE OPENED AT _____ PSI	GAUGE PRESSURE ACROSS CHECK VALVE _____ PSI	AIR INLET: _____ PSI CHECK VALVE _____ PSI
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REMARKS: _____

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: _____ PRINT NAME CERT NO. _____ DATE: _____ TIME: _____

THIS ASSEMBLY: <input type="checkbox"/> PASSED: → BUFFER _____ PSI <input type="checkbox"/> FAILED: → FOLLOW UP REQUESTED (SEE NEXT PAGE FOR DETAILS)	METER READING: <input type="checkbox"/> DCR: <input style="width: 50px; height: 20px;" type="text"/> (MAXIMO REFERENCE) <input type="checkbox"/> DI: <input style="width: 50px; height: 20px;" type="text"/>
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Additional Service Call for cross connection issues in the general vicinity of this work?: NO YES → SERVICE TICKET # _____

SIGNATURE: _____