



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Santa Fe Irrigation District

Assembly ID		Facility Name			
Acct Number		Meter #		Test Report Due:	
Service Address			Schedule Code		
			Assembly Info (Replacement/Correction)		
Equip Location				SN	
Location ID		Containment		Mfr	
Contact Name		Ph		Type	
Map Page		#2		Size	
			Model		
			Install Date		
			Permit Num		
<input type="checkbox"/> Confinement	<input type="checkbox"/> Freeze Protection	Hazard Type			Haz. Level

Line pressure at time of test: _____

REPORT OF TEST RESULTS

Approved BFP

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut Off Valves	
Initial Test	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Opened at _____ PSID	<input type="checkbox"/> Air Inlet Opened at _____ PSID Opened Fully Y <input type="checkbox"/> N <input type="checkbox"/>	#1 <input type="checkbox"/> #2 <input type="checkbox"/>	
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Check Held at _____ PSID <input type="checkbox"/> Leaked		
Pass	<input type="checkbox"/> Leaked					
Fail						
R E P A I R	<input type="checkbox"/> CLEANED REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> Rubber Kit <input type="checkbox"/> _____	<input type="checkbox"/> CLEANED REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> Rubber Kit <input type="checkbox"/> _____	<input type="checkbox"/> CLEANED REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> Rubber Kit <input type="checkbox"/> _____	<input type="checkbox"/> CLEANED REPLACED <input type="checkbox"/> Air Inlet Disc <input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Check Disc <input type="checkbox"/> Check Spring <input type="checkbox"/> Float <input type="checkbox"/> Diaphragm <input type="checkbox"/> Rubber Kit <input type="checkbox"/> _____	CLEANED REPLACED REPAIR	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> _____					
	<input type="checkbox"/> _____					
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	<input type="checkbox"/> _____					
	<input type="checkbox"/> _____					
	<input type="checkbox"/> _____					
	<input type="checkbox"/> _____					
	<input type="checkbox"/> _____					
Other/Notes: _____ _____						
Final Test	_____ PSID <input type="checkbox"/> Closed Tight	_____ PSID <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Opened at _____ PSID	Air Inlet _____ PSID CK Valve _____ PSID	Closed Tight <input type="checkbox"/> <input type="checkbox"/> Pass <input type="checkbox"/>	

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

1A

Initial Test By	Certificate	Test Date:	Gauge Num	Time In	Time Out	Company	Phone
Final Test By							
Repair By							