MIAMI-DADE WATER & SEWER DEPARTMENT
METER OPERTATIONS & MAINTENANCE
CROSS-CONNECTION CONTROL UNIT
1001 N.W. 11th STREET, MIAMI, FL 33136-2209
Phone (305) 547-3046 Fax (786)268-5485

BACKFLOW PREVENTION ASSEMBLY TEST REPORT FORM

1	ADDRESS OF DEVICE:	OWNER OF DEVICE:		
	OWNER CONTACT:	PHONE::	FAX:	
	ADDRESS OF OWNER:		ZIP CODE::	
2	NAME OF TESTER:	CERTIFICATION #:	EXPIRATION DATE::	PHONE::
	BUSINESS NAME:	BUSINESS ADDRESS:		ZIP CODE:
3	TEST KIT MAKE::	MODEL #:	SERIAL #:	DATE LAST CAL.	SITE TUBE: YES / NO

TEST PLEASE MARK: R.P. _____ D.C. _____ P.V.B. _____

4	MAKE OF ASSEMBLY:	MODEL NO:	SERIAL #:	SIZE:
	LOCATION OF ASSEMBLY:		HAZARD/SERVICE:	METER NO.
	INITIAL TEST: _____ ANNUAL TEST: _____		DATE OF TEST:	METER READING:
	SHUT OFF VALVE #1: CLOSED TIGHT: _____ LEAKED: _____	SHUT OFF VALVE #2: CLOSED TIGHT: _____ LEAKED: _____	LINE PRESSURE: _____	PRESSURE STABLE: YES - NO

D.C.V.A. R.P.Z.A. P.V.B.

	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL RELIEF VALVE	AIR INLET	CHECK VALVE
TEST	Closed Tight: _____ Leaked: _____	Closed Tight: _____ Leaked: _____	FAILED TO OPEN: _____	FAILED TO OPEN:_____	LEAKED:_____
	PRESSURE DIFFERENTIAL ACROSS CHECK _____ PSI	PRESSURE DIFFERENTIAL ACROSS CHECK _____ PSI	OPENED AT: _____PSI.	OPENED AT: _____ PSI	HELD AT: _____PSI

IF THE ASSEMBLY FAILS FOR ANY REASON, COMPLETE THIS SECTION AND NOTE REPAIRS

REMARKS / REASON FOR FAILURE (IF APPARENT):

	CHECK VAVLE NO. 1	CHECK VAVLE NO. 2	DIFFERENTIAL RELIEF VALVE	P.V.B.
REPAIRS	CLEANED: _____	CLEANED: _____	CLEANED: _____	CLEANED: _____
	REPLACED:	REPLACED:	REPLACED:	REPLACED:

D.C.V.A. R.P.Z.A. P.V.B.

	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL RELIEF VALVE	AIR INLET	CHECK VALVE
RETEST	Closed Tight: _____ Leaked: _____	Closed Tight: _____ Leaked: _____	FAILED TO OPEN: _____	FAILED TO OPEN: ____	LEAKED: ___
	PRESSURE DIFFERENTIAL ACROSS CHECK _____ PSI	PRESSURE DIFFERENTIAL ACROSS CHECK _____ PSI	OPENED AT: _____ PSI	OPENED AT: _____ PSI	HELD AT: _____PSI

I CERTIFY THAT I HAVE TESTED THE ABOVE ASSEMBLY IN ACCORDANCE WITH THE A.W.W.A. CROSS CONNECTION CONTROL MANUAL AND THAT ALL THE INFORMATION IS ACCURATE TO THE BEST OF MY ABILITIES.

SIGNATURE OF CERTIFIED TESTER:	DATE:

NOTE: TEST FORM MUST BE COMPLETED IN ITS ENTIRETY. INCOMPLETE TEST FORMS WILL BE RETURNED.