



CITY OF CAPE CORAL UTILITIES
CROSS CONNECTION CONTROL PROGRAM
BACKFLOW PREVENTION DEVICE FIELD TEST & MAINTENANCE

PLEASE CHECK ONE:
New Installation
Existing Unit
Replacement Unit

CUSTOMER _____ ADDRESS _____ UNIT # _____
MANUFACTURER _____ SIZE _____ ASSEMBLY TYPE _____ MODEL # _____ SERIAL # _____
DATE INSTALLED _____ INSTALLED BY _____ CHECK ONE: FIRELINE SERVICE POTABLE SERVICE IRRIGATION SERVICE
PERMIT # _____ PERMIT # REQUIRED FOR NEW AND REPLACED _____ METER # _____

#	REDUCED PRESSURE			PRESSURE VACUUM BREAKER		DETECTOR LOOP DEVICE		
	DOUBLE CHECK							
INITIAL TEST	#1 CHECK VALVE PSID _____ PASSED _____ LEAKED _____	#2 CHECK VALVE PSID _____ PASSED _____ LEAKED _____	RELIEF VALVE OPENED @ PSID DIDN'T OPEN _____	AIR INLET OPENED @ PSID DIDN'T OPEN _____	CHECK VALVE OPENED @ PSID DIDN'T OPEN _____	#1 CHECK VALVE PSID _____ PASSED _____ LEAKED _____	#2 CHECK VALVE PSID _____ PASSED _____ LEAKED _____	#3 CHECK VALVE OPENED @ PSID DIDN'T OPEN _____
PARTS & REPAIR								
FINAL TEST	PSID _____ PASSED _____ LEAKED _____	PSID _____ PASSED _____ LEAKED _____	OPENED @ PSID DIDN'T OPEN _____	OPENED @ PSID DIDN'T OPEN _____	OPENED @ PSID DIDN'T OPEN _____	PSID _____ PASSED _____ LEAKED _____	PSID _____ PASSED _____ LEAKED _____	OPENED @ PSID DIDN'T OPEN _____

NOTE: ALL REPAIRS SHALL BE COMPLETED WITHIN 10 BUSINESS DAYS.

COMMENTS (please print) : _____

TESTER SIGNATURE _____ CUSTOMER SIGNATURE _____ TEST TIME _____

TESTER _____ CERT.# _____ COMPANY _____ TEST DATE _____

I HEREBY CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE ACTUAL OPERATION AND MAINTENANCE OF THE ABOVE ASSEMBLY.

CHECK ONE:

NOTE: ONE TEST FORM PER DEVICE ONLY

PASSED FAILED