



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							
	#1 CHECK VALVE	#2 CHECK VALVE	RELIEF VALVE	AIR INLET	CHECK VALVE	#1 CHECK VALVE	#2 CHECK VALVE	#3 CHECK VALVE
INITIAL 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 _____
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.

NOTE: ONE TEST FORM PER DEVICE ONLY

CHECK ONE:

PASSED ☐ **FAILED** ☐