



Environmental Services
Cross Connection Control
21 W. Church St. T-8
Jacksonville, FL 32202

BACKFLOW PREVENTER TEST REPORT

Name of premises (company, person)	Owner or agent's name
Service address	Mailing address
Physical location of device	Contact phone number
JEA account number (required)	Meter number (required)

Commercial test purpose ☐ Annual ☐ Repair ☐ Replacement ☐ New Installation

Commercial service type ☐ Fire ☐ Irrigation ☐ Process/Isolation ☐ Potable
☐ Fire bypass Is reclaimed water supplied? ☐ Yes ☐ No

Residential test purpose ☐ Biennial ☐ Repair ☐ Replacement ☐ New Installation

Residential service type ☐ Potable ☐ Irrigation / Is reclaimed water supplied? ☐ Yes ☐ No

Device type	Manufacturer	Size	Model Number	Serial Number	Installation date
INITIAL TEST	Check valve #1	Check valve #2	Differential pressure relief valve		Pressure vacuum breaker
	<input type="checkbox"/> Closed tight at _____ psi <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed tight at _____ psi <input type="checkbox"/> Leaked	<input type="checkbox"/> Opened at _____ lbs reduced pressure <input type="checkbox"/> Did not open		<input type="checkbox"/> Air inlet opened at _____ psi <input type="checkbox"/> Did not open
FINAL TEST	<input type="checkbox"/> Closed tight at _____ psi	<input type="checkbox"/> Closed tight at _____ psi	<input type="checkbox"/> Opened at _____ lbs reduced pressure		<input type="checkbox"/> Satisfactory

Repairs/unusual installation conditions/replacement details: _____

Initial test performed by	Company name	BFDt certificate number	Test Date
Repaired by	Company name	BFDt certificate number	Repaired Date
Final test performed by	Company name	BFDt certificate number	Test Date

PASS/FAIL CERTIFICATION

I hereby certify the assembly described above ☐ passed / ☐ failed and supportive data is accurate.

Signature _____ Date _____