



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 Annual 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
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	Check valve #1	Check valve #2	Differential pressure relief valve	Pressure vacuum breaker
INITIAL TEST	<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 _____