MIAMIBEACH

ANNUAL BACKFLOW ASSEMBLY INSPECTION/TEST REPORT

RETURN COMPLETED FORM TO:

MIAMI BEACH PUBLIC WORKS - WATER DIVISION
451 DADE BLVD.
MIAMI BEACH , FL 33140
TELEPHONE: 305-673-7625
FAX : 305-673-7647

Attn: Percival Balgobin, Backflow Preventor Coordinator

CUSTOMER: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

LOCATION OF ASSEMBLY: _____

TYPE OF ASSEMBLY: RP ☐ DC ☐ PVB ☐ SVB ☐ SIZE: _____

MANUFACTURER: _____ MODEL: _____ SERIAL NO: _____

TEST GAUGE MANUF: _____ GAUGE SERIAL NO _____

CHECK VALVE # 1	RELIEF VALVE	CHECK VALVE # 2	PRESSURE VACUUM BREAKER
☐ leaked ☐ closed tight gauge pressure across check valve _____ psi	opened at _____ psi did not open ☐	☐ leaked ☐ closed tight gauge pressure across check valve _____ psi	Air inlet: did not open ☐ opened at _____ psi Check Valve: leaked ☐ held at _____ psi
☐ cleaned only Replaced: rubber kit: ☐ CV assembly ☐ or disc ☐ O-rings ☐ seat ☐ spring ☐ stem/guide ☐ retainer ☐ lock nuts ☐ Other ☐	☐ cleaned only Replaced: rubber kit: ☐ RV assembly ☐ or disc ☐ diaphragm (s) ☐ seat ☐ spring ☐ guide ☐ O-rings ☐ Other ☐	☐ cleaned only Replaced: rubber kit: ☐ CV assembly ☐ or disc ☐ O-rings ☐ seat ☐ spring ☐ stem/guide ☐ retainer ☐ lock nuts ☐ Other ☐	☐ cleaned only Replaced: rubber kit: ☐ CV assembly ☐ or disc, air inlet ☐ disk, CV ☐ seat, CV ☐ spring, air inlet ☐ spring, CV ☐ retainer ☐ guide ☐ O-rings ☐ Other ☐
Gauge pressure across check valve _____ psi	Relief Valve opened at _____ psi	Gauge pressure across check valve _____ psi	air inlet _____ psi check valve _____ psi

NOTE: All repairs shall be completed within five 5 working days.

LIST DEFICIENCIES AND REQUIRED CORRECTIONS: _____

_____

_____

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: _____ CERT NO: _____ DATE: _____