E	BACKFLOW PREVE	CITY OF PHILADELPHIA PHILADELPHIA WATER DEPARTMENT									
						DMPLETED BY A CITY CERTIFIED TECHNICIAN					
IODIENTATION JACCOUNT OF METER #											
I. GENERAL INFORMATION ACCOUNT OR METER #											
ADDITION ADD											
CONTAC	T PERSON AT FACILITY	TITLE	TELEPHONE NO								
LOCATION OF ASSEMBLY				DATE OF INSTALLATION			INCOMING LINE PRESSURE				
MANUFACTURER MODEL					SERIAL NUMBER			SIZE	□ DS □ FS	□ RPZ □ DCV	
II. TEST INSTRUMENT CALIBRATION INFORMATION											
	INSTRUMENT	1						PURCHASE D	ATE		
CALIBRA <sup>*</sup>	TED BY		TELEPHONE NO.								
REGISTRATION NO. CALIB			CALIBRA	RATED ON NEXT C				CALIBRATION DUE			
III TE	STS & REPAIRS IN	FORMATIO	N								
III. TESTS & REPAIRS INFORMATION  CHECK VALVE NUMBER 1 CHECK VALVE NUMBER 2 DIFFERENTIAL PRESSURE											
NITIAL TEST	SHEOR VALVE NOMBER			CHECK VALVE NOWIBER 2				RELIEF VALVE			
	☐ LEAKED			☐ LEAKED							
ן ב	☐ CLOSED TIGHT			☐ CLOSED TIGHT				☐ OPEN AT PSID			
ΙΨ	PRESSURE DROP ACROSS THE FIRST			PRESSURE DROP ACROSS THE SECOND							
ΙŻ	CHECK VALVE IS :			CHECK VALVE IS :			☐ DID NOT OPEN				
	PSID			PSID							
REPAIRS	☐ CLEANED			☐ CLEANED			☐ CLEANED				
	REPAIRED:	_		REPAIRE	<u> </u>			REPAIRED:		_	
	RUBBER	☐ SPRING	;  [	☐ RUBBE				□ RUBB		☐ SPRING	
۱ A	PARTS KIT	□ STEM /			TS KIT	= -		PARTS KIT		□ STEM /	
Ë	☐ CV ASSEMBLY	GUIDE			SEMBLY	GUIDE		☐ CV ASSEMBLY		GUIDE	
*	DISC	RETAIN		□ DISC		☐ RETAINER		DISC		☐ RETAINER	
	O - RINGS	LOCKNUTS		□ O - RIN(	GS			O - RINGS		☐ LOCKNUTS	
	☐ SEAT	☐ OTHER:	: [	☐ SEAT		☐ OTHER:		☐ SEAT		☐ OTHER:	
FINAL TEST	☐ CLOSED TIGHT	TPSID □ CLOS			ED TIGHT AT PSID		□ OPENED AT		PSID		
CONDI	CONDITION OF NO. 2 CONTROL VALVE: □ CLOSED TIGHT □ LEAKED										
REMARKS: ☐ ASSEMBLY FAILED ☐ ASSEMBLY PASSED ☐ CUSTOMER INFORMED											
*NOTE : ALL REPAIRS / REPLACEMENTS MUST BE COMPLETED WITHIN FOURTEEN (14) DAYS											
IV. APPROVALS											
* I HEREBY CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OT THE ASSEMBLY											
NAME OF CERTIFIED BACKFLOW PREVENTION ASSEMBLY TECHNICIAN (PRINT)  BUSINESS TELEPHONE NO. WITNESS TO ASSEMBLY TEST											
INITIAL TEST	SIGNATURE OF INITIAL CERT. BACKFLOW PREV. ASSEMBLY TECH.				CERTIFIED TECH. NO. DATE		TELEPHONE NO. OF WITNESS				
REPAIRS.	SIGNATURE OF REPAIRER				CERTIFIED TECH. NO. DA		DATE		PWD IND	COMPLETED FORMS TO: D INDUSTRIAL WASTE &	
REP									BACKFLOW COMPLIANCE 9001 STATE ROAD		
FINAL TEST	SIGNATURE OF FINAL CERT	F OF FINAL CERT. BACKFLOW PREV. ASSEMBLY TECH. CERTIFIED TECH. NO. DATE PHILADELPH TELE: (215) FAX: (215)					ELPHIA, PA 19136 : (215) 685-8068 : (215) 333-9453 CC.BLS@PHILA.GOV				
	RE OF LICENSED TECHNICI	AN			CERTIFIE	D TECH. NO.	DATE				