

**BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE RECORD**

*City of Bethlehem Water Bureau*

**THIS FORM MUST BE COMPLETED BY A CERTIFIED BACKFLOW ASSEMBLY TECHNICIAN**

<b>I. GENERAL INFORMATION</b>		Job Number	Return to BWB no later than	
Name of Facility		Address		Zip Code
Contact Person at Facility		Billing / Account Number		Telephone No.
Location of Assembly		Date of Installation		Incoming Line Pressure
Manufacturer	Model	Serial No.	Size	<input type="checkbox"/> DS <input type="checkbox"/> FS <input type="checkbox"/> RPZ <input type="checkbox"/> DCV

**II. TEST INSTRUMENT CALIBRATION INFORMATION**

Type of Instrument	Model	Serial No.	Purchase Date
Calibrated By			Telephone No.
Registration No.	Calibrated On	Next Calibration Due	

**III. TESTS & REPAIR INFORMATION**

INITIAL TEST	CHECK VALVE NUMBER 1	CHECK VALVE NUMBER 2	DIFFERENTIAL PRESSURE RELIEF VALVE
	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Pressure Drop across the first check valve is: _____ PSID	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Pressure Drop across the second check valve is: _____ PSID	<input type="checkbox"/> Open at _____ PSID  <input type="checkbox"/> Did Not Open
<b>REPAIRS</b>	<input type="checkbox"/> Cleaned <b>REPAIRED:</b> <input type="checkbox"/> Rubber Parts Kit <input type="checkbox"/> Spring <input type="checkbox"/> CV <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Disc <input type="checkbox"/> Retainer <input type="checkbox"/> O-Rings <input type="checkbox"/> Locknuts <input type="checkbox"/> Seat <input type="checkbox"/> Other:	<input type="checkbox"/> Cleaned <b>REPAIRED:</b> <input type="checkbox"/> Rubber Parts Kit <input type="checkbox"/> Spring <input type="checkbox"/> CV <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Disc <input type="checkbox"/> Retainer <input type="checkbox"/> O-Rings <input type="checkbox"/> Locknuts <input type="checkbox"/> Seat <input type="checkbox"/> Other:	<input type="checkbox"/> Cleaned <b>REPAIRED:</b> <input type="checkbox"/> Rubber Parts Kit <input type="checkbox"/> Spring <input type="checkbox"/> CV <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Disc <input type="checkbox"/> Retainer <input type="checkbox"/> O-Rings <input type="checkbox"/> Locknuts <input type="checkbox"/> Seat <input type="checkbox"/> Other:
<b>FINAL TEST</b>	<input type="checkbox"/> Closed Tight at _____ PSID	<input type="checkbox"/> Closed Tight at _____ PSID	<input type="checkbox"/> Opened Tight at _____ PSID

Condition of No. 2 Control Valve:  Closed Tight    Leaked

Remarks:  Assembly Failed    Assembly Passed

\* 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 of the assembly.

Name of Certified Backflow Prevention Assembly Technician (PRINT)		Business Telephone No.	Witness to Assembly Test	
INITIAL TEST	Signature of Initial Certified Backflow Prevention Assembly Technician	Certified Technician No.	Date:	Telephone No. Of Witness
REPAIR	Signature of Certified Backflow Prevention Assembly Technician	Certified Technician No.	Date:	Send Completed Original Form To: <b>City of Bethlehem Water Bureau</b> 10 East Church Street Bethlehem, PA 18018 (610) 865-7053
FINAL TEST	Signature of Final Certified Backflow Prevention Assembly Technician	Certified Technician No.	Date:	
Signature of City Official		Title	Date:	

\*\* All tests shall be verified by a Certified Backflow Prevention Assembly Technician. Individuals testing and repairing backflow prevention devices shall be Certified Backflow Prevention Assembly Technicians.