



CITY OF PANAMA CITY, FLORIDA
Inspection Report
Cross-Connection and Backflow Prevention Assembly

Name of Owner _____
 Mailing Address _____
 Name of Premises _____
 Street Address _____
 Location of Assembly _____ Install. Date _____
 Type of Assembly RP PVB DC SVB Manufacturer _____ Size _____
 Model Number _____ Serial Number _____
 Tested by (Firm Name) _____ Licensed Tester's Number _____
 Business Address _____ Telephone _____
 Date of Test _____ Fault _____
 Reason for Failure (if apparent) _____
 Maintenance _____
 Date of Retest _____

I certify that I have tested the above assembly and that it meets the performance requirements of the manufacturer.

 (Signature Licensed Tester)

Line Pressure at Time of Test _____ psi. Drop Across Check Valve 1 _____ psid.

	Check Valve 1	Check Valve 2	Differential Pressure Relief Valve
Initial Test	1. Leaked _____ RP _____ psid	1. Leaked _____	1. Opened at _____ psid reduced pressure
	2. Closed Tight _____	2. Closed Tight _____	2. Did Not Open _____
R E P A I R S	_____ Cleaned: _____ Replaced: _____ Disc _____ Spring _____ Guide _____ Pin Retainer _____ Hinge Pin _____ Seat _____ Diaphragm _____ Other, describe _____ _____ _____	_____ Cleaned: _____ Replaced: _____ Disc _____ Spring _____ Guide _____ Pin Retainer _____ Hinge Pin _____ Seat _____ Diaphragm _____ Other, describe _____ _____ _____	_____ Cleaned: _____ Replaced: _____ Disc, upper _____ Disc, lower _____ Spring _____ Diaphragm, large _____ upper _____ lower _____ Diaphragm, small _____ upper _____ lower _____ Spacer, lower _____ Other, describe
Final Test	RP _____ psid Closed Tight _____	Closed Tight _____	Opened at _____ psid reduced pressure

Remarks: _____

Return Completed Form to:
 Utilities Administration
 P.O. Box 1880
 Panama City, FL 32402
 Fax: (850) 872-3197