



After the Initial Test / Certification, all Annual Test Results should be sent to:

City of North Port Utilities  
 6644 W. Price Blvd.  
 North Port, Fl. 34291  
 (941) 240-8000 (941) 240-8022 fax

**Backflow Prevention Assembly Test Report**

Permit / Work Order No. \_\_\_\_\_

<p><b>Mailing Address</b></p> <p>Name _____</p> <p>Address _____</p> <p>City _____</p> <p>Phone _____</p> <p>Fax / email _____</p> <p><b>Service Address</b></p> <p>Name _____</p> <p>Address _____</p> <p>City _____</p> <p>Phone _____</p> <p>Permit Number _____</p>	<p><b>Tester Information</b></p> <div style="border: 1px solid black; padding: 5px;"> <p>Company _____</p> <p>Address _____</p> <p>City _____</p> <p>Phone _____</p> <p>Fax / email _____</p> </div> <p>Serial # _____</p> <p>Manufacturer _____</p> <p>Model _____</p> <p>Type _____</p> <p>Size _____</p> <p>Location _____</p>
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<b>REDUCED PRESSURE PRINCIPLE ASSEMBLY</b>			RP <input type="checkbox"/>	DCDA <input type="checkbox"/>
Double Check Valve Assembly			DC <input type="checkbox"/>	RPDA <input type="checkbox"/>
	Check Valve #1	Check Valve #2	Relief Valve	
Initial Test	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PISD	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PISD	Did Not Open <input type="checkbox"/> Opened at _____ PISD	
Repairs	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	
Details			Fire Line Assembly	
			Make _____ Model _____ S/N _____ Size _____	
			Fire Line By-Pass	
			Make _____ Model _____ S/N _____ Size _____	
Final Test	Closed Tight <input type="checkbox"/> Held at _____ PISD	Closed Tight <input type="checkbox"/> Held at _____ PISD	Opened at _____ PISD	
			Irrigation Service	
			Make _____ Model _____ S/N _____ Size _____	

<p><b>Comments:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Meter Reading _____</p> <p>Meter Number _____</p>	<p>Test Kit Model No. _____</p> <p>Kit S/N _____</p> <p>Calibrated Date _____</p> <p>State License _____</p>
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The Above Report is Certified to be True.

	DATE	TIME	STATE CERTIFIED TESTER		TESTER #	TEST RESULTS
			PRINT	SIGNATURE		
INITIAL TEST						PASS / FAIL
REPAIRS						PASS / FAIL
FINAL TEST						PASS / FAIL