



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> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Company _____</td></tr> <tr><td>Address _____</td></tr> <tr><td>City _____</td></tr> <tr><td>Phone _____</td></tr> <tr><td>Fax / email _____</td></tr> </table> <p>Serial # _____</p> <p>Manufacturer _____</p> <p>Model _____</p> <p>Type _____</p> <p>Size _____</p> <p>Location _____</p>	Company _____	Address _____	City _____	Phone _____	Fax / email _____
Company _____						
Address _____						
City _____						
Phone _____						
Fax / email _____						

<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	Fire Line Assembly	
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"/>	Make _____ Model _____ S/N _____ Size _____	
Details				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 _____	

Comments:	Meter Reading _____	Test Kit Model No. _____
	Meter Number _____	Kit S/N _____
		Calibrated Date _____
		State License _____

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