



FIRE • SECURITY

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Important: Deficiencies, comments and explanations of any FAIL or NEGATIVE responses are indicated on the Work Acknowledgment attachment for this Inspection/Test.

Frequency:	<input type="text"/>	Inspection Type:	<input type="text"/>
In Accordance with:	<input type="text"/>		
Technician's Name:	<input type="text"/>	Inspection Date:	<input type="text"/>

LOCATION

Location Name:	<input type="text"/>		
Street Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>

BILLING

Billing Name:	<input type="text"/>		
Street Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>

CONTACT INFORMATION

Name:	<input type="text"/>	Phone:	<input type="text"/>
Email:	<input type="text"/>		

NOTIFICATIONS

NOTE: If checked, this Inspection test does not require disabling/restoring a Fire System and/or notifying a Monitoring Service.

Date(s) put on test:	<input type="text"/>	Time(s) put on test:	<input type="text"/>
Date(s) restored:	<input type="text"/>	Time(s) restored:	<input type="text"/>
Monitoring Company and Operator Name(s) notified of test and restoral:	<input type="text"/>		
Name(s) of Owner, Owner's Rep., Occupants and/or Tenants notified of test, restoral and any deficiencies:	<input type="text"/>		
Local Emergency Services, AHJ, or Insurance Rep. notified of test, restoral or any impairments, if required:	<input type="text"/>		

TECHNICIAN'S COMMENTS

<p>Any known adverse conditions noted which existed prior to this inspection and test:</p> <div style="border: 1px solid black; border-radius: 15px; height: 150px; width: 95%;"></div>	<p>Issues regarding restoral, or conditions which preclude restoral of Fire Protection Equipment/System(s):</p> <div style="border: 1px solid black; border-radius: 15px; height: 150px; width: 95%;"></div>
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Dated Service Requirements Summary

** Indicates not considered part of normal contract. (YES = Service Due)	YES	NO	N/A	<u>Due Date</u>
1. Dry pipe valve 3 year full flow trip test due?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2. Preaction valve 3 year full flow trip test due?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3. Deluge valve annual full flow trip test due?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4. Are check valves due for 5 year internal inspection? **	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5. Are gauges due for 5 year calibration or replacement? **	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
6. Is a 5 year internal obstruction inspection due? **	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
7. Is a 5 year hydrostatic test of FDC piping due? **	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
8. Dry pipe and Preaction systems due for 3 year air leak test? **	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
9. Wet standpipe systems 5 year flow test due? **	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
10. Dry standpipe system 5 year hydrostatic test due? **	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
11. Is an annual ice obstruction inspection due? (freezers) **	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
12. Pressure regulating/restricting valves 5 year flow test due? **	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
13. Water storage tank 3 year/5 year internal inspection due? **	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
14. Sprinklers in Harsh Environments 5 Year Sample Test due? **	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
15. Dry-type sprinklers 10 year sample test due? **	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
16. Fast Response sprinklers 20 year/10 year sample test due? **	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
17. Sprinkler which are 50 years or older due for sample test? **	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Annual Pipe and Sprinkler Inspection

Date Last Annual Inspection:

As per NFPA 25, only pipe and sprinklers which are visible from floor level inspected	PASS	FAIL	N/A
Pipe, hangers, seismic bracing free of damage, loading, corrosion and missing components?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinklers free of foreign materials, damage, corrosion, misalignment and of proper type?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spare sprinklers and appropriate wrenches present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Fire Department Connection Inspection and Information

ID # / Area / Location	PASS	FAIL	N/I
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Wet Riser Systems

Riser Information & Inspection

ID # / Area / Location	Manufacturer	Model	Size
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Visual inspection of riser and components acceptable?	<input type="checkbox"/>	Hydraulic Data Plate present and legible, if applicable?	<input type="checkbox"/>
Water Motor Gong and/or Riser Electric Bell in good condition and functional, if applicable?	<input type="checkbox"/>	Inspection Tag Color?	<input type="text"/>
Seal #(s), if applicable:	<input style="width: 95%;" type="text"/>		

Riser Main Drain Test

Static Pressure	Residual Pressure	Static Pressure	Return Time (sec)	Drain Test Acceptable?
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Riser Information & Inspection

ID # / Area / Location	Manufacturer	Model	Size
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Visual inspection of riser and components acceptable?	<input type="checkbox"/>	Hydraulic Data Plate present and legible, if applicable?	<input type="checkbox"/>
Water Motor Gong and/or Riser Electric Bell in good condition and functional, if applicable?	<input type="checkbox"/>	Inspection Tag Color?	<input type="text"/>
Seal #(s), if applicable:	<input style="width: 95%;" type="text"/>		

Riser Main Drain Test

Static Pressure	Residual Pressure	Static Pressure	Return Time (sec)	Drain Test Acceptable?
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Riser Information & Inspection

ID # / Area / Location	Manufacturer	Model	Size
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Visual inspection of riser and components acceptable?	<input type="checkbox"/>	Hydraulic Data Plate present and legible, if applicable?	<input type="checkbox"/>
Water Motor Gong and/or Riser Electric Bell in good condition and functional, if applicable?	<input type="checkbox"/>	Inspection Tag Color?	<input type="text"/>
Seal #(s), if applicable:	<input style="width: 95%;" type="text"/>		

Riser Main Drain Test

Static Pressure	Residual Pressure	Static Pressure	Return Time (sec)	Drain Test Acceptable?
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>



Dry Pipe Riser Systems

Riser Information & Inspection

ID # / Area / Location	Manufacturer	Model	Size
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Visual inspection of riser and components acceptable? <input type="checkbox"/>	Hydraulic Data Plate present and legible, if applicable? <input type="checkbox"/>		
Water Motor Gong and/or Riser Electric Bell in good condition and functional, if applicable? <input type="checkbox"/>	Inspection Tag Color? <input type="text"/>		
Dry System Air Gauge Pressure: <input type="text"/>	Air supply satisfactory? <input type="checkbox"/>	Priming water drained to proper level? <input type="checkbox"/>	
Seal #(s), if applicable: <input type="text"/>			

Annual / 3 Year Trip Test Results

Note: Trip Test Result section only to be completed during the required Annual or 3 Year Trip Test

Partial Trip Test: <input type="checkbox"/>	3 Year-Full Flow Trip Test: <input type="checkbox"/>	Last Full Flow Trip Test date: <input type="text"/>	
Air Pressure Prior To Test <input type="text"/>	Air Pressure At Valve Trip <input type="text"/>	Valve Trip Time (3 Year Only) <input type="text"/>	Time Water Delivery At ITC <input type="text"/>

Riser Main Drain Test

Static Pressure <input type="text"/>	Residual Pressure <input type="text"/>	Static Pressure <input type="text"/>	Return Time (sec) <input type="text"/>	Drain Test Acceptable? <input type="checkbox"/>
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Riser Information & Inspection

ID # / Area / Location	Manufacturer	Model	Size
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Visual inspection of riser and components acceptable? <input type="checkbox"/>	Hydraulic Data Plate present and legible, if applicable? <input type="checkbox"/>		
Water Motor Gong and/or Riser Electric Bell in good condition and functional, if applicable? <input type="checkbox"/>	Inspection Tag Color? <input type="text"/>		
Dry System Air Gauge Pressure: <input type="text"/>	Air supply satisfactory? <input type="checkbox"/>	Priming water drained to proper level? <input type="checkbox"/>	
Seal #(s), if applicable: <input type="text"/>			

Annual / 3 Year Trip Test Results

Note: Trip Test Result section only to be completed during the required Annual or 3 Year Trip Test

Partial Trip Test: <input type="checkbox"/>	3 Year-Full Flow Trip Test: <input type="checkbox"/>	Last Full Flow Trip Test date: <input type="text"/>	
Air Pressure Prior To Test <input type="text"/>	Air Pressure At Valve Trip <input type="text"/>	Valve Trip Time (3 Year Only) <input type="text"/>	Time Water Delivery At ITC <input type="text"/>

Riser Main Drain Test

Static Pressure <input type="text"/>	Residual Pressure <input type="text"/>	Static Pressure <input type="text"/>	Return Time (sec) <input type="text"/>	Drain Test Acceptable? <input type="checkbox"/>
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FIRE - SECURITY

Control Valve List

Visual Inspection only performed this date.

Visual Inspection and Functional Test performed this date.

ID # / Area / Location	Manufacturer	Type	Size	Seal #	Pass	Fail	N/I
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Supervisory Tamper Switch Device List

Zone or Address	ID # / Area / Location			
		Visual Inspection only performed this date.		Visual Inspection and Functional Test performed this date.
		Pass	Fail	N/I
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Waterflow Device List

Zone or Address	ID # / Area / Location	Device Type	Visual Inspection only performed this date.			Visual Inspection and Functional Test performed this date.		
			Pass	Fail	N/I	Pass	Fail	N/I
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



City of Atlanta
 Bureau of Drinking Water
 Backflow Division
 651 Fourteenth St. NW
 Atlanta, GA 30318
 telephone (404) 982-1485
 facsimile (404) 235-2054

**Bureau of Drinking Water
 BACKFLOW PREVENTION
 A Community Environmental/Health Protection Program
 ASSEMBLY TEST DATA and MAINTENANCE REPORT**

ACCOUNT NAME:				ACCOUNT NO.:		FILE NO.:	
MAILING ADDRESS:				CONTACT NAME:		CONTACT NO.:	
SERVICE ADDRESS:				METER NO.:			
LOCATION OF ASSEMBLY:				INSTALLATION DATE:			
TYPE OF ASSEMBLY:		MANUFACTURER:		MODEL:		SIZE:	SERIAL NO.:
DATE:	TIME:	TEST:	INITIAL:	SEMIANNUAL:	ANNUAL:	OTHER-LIST:	
DOM:	FIRE:	COMBO:	IRRIG.:	OTHER:	LINE PRESSURE AT TIME OF TEST:		PRESSURE DROP ACCESS
ISOLATION DESCRIPTION:				P.S.I.G.		FIRST CHECK VALVE: ____ P.S.I.D.	
	CHECK VALVE NO. 1		CHECK VALVE NO. 2		DIFFERENTIAL PRESSURE RELIEF VALVE		PRESSURE VACUUM BREAKER
	1. Leaked <input type="checkbox"/> 2. Closed at ____ P.S.I.D. <input type="checkbox"/> Passed <input type="checkbox"/> Failed <input type="checkbox"/>		1. Leaked <input type="checkbox"/> 2. Closed at ____ P.S.I.D. <input type="checkbox"/> Passed <input type="checkbox"/> Failed <input type="checkbox"/>		1. Opened at ____ P.S.I.D. <input type="checkbox"/> 2. Did Not Open <input type="checkbox"/> Passed <input type="checkbox"/> Failed <input type="checkbox"/>		1. Air Jet Opened at ____ P.S.I.D. <input type="checkbox"/> Did Not Open at ____ Passed <input type="checkbox"/> Failed <input type="checkbox"/>
R E P A I R S	Cleaned <input type="checkbox"/> Replaced: Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seal <input type="checkbox"/> Diaphragm <input type="checkbox"/> "O" Rings <input type="checkbox"/> Complete Repair Kit <input type="checkbox"/> Other, Describe <input type="checkbox"/>		Cleaned <input type="checkbox"/> Replaced: Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seal <input type="checkbox"/> Diaphragm <input type="checkbox"/> "O" Rings <input type="checkbox"/> Complete Repair Kit <input type="checkbox"/> Other, Describe <input type="checkbox"/>		Cleaned <input type="checkbox"/> Replaced: Disc <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm, Large <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Diaphragm, Small <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spacer Lower <input type="checkbox"/> "O" Rings <input type="checkbox"/> Complete Repair Kit <input type="checkbox"/> Other, Describe <input type="checkbox"/>		Check Valve: Leaked ____ P.S.I.D. <input type="checkbox"/> Closed ____ P.S.I.D. <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced: C.V. Assembly <input type="checkbox"/> Disc Air Inlet <input type="checkbox"/> Disc C.V. <input type="checkbox"/> Spring <input type="checkbox"/> Retainer <input type="checkbox"/> Guide <input type="checkbox"/> "O" Rings <input type="checkbox"/> Other, Describe <input type="checkbox"/>
	Final Test	Closed at ____ P.S.I.D. <input type="checkbox"/> Pressure Drop Across Check Valve No. 1 ____ P.S.I.D. <input type="checkbox"/>		Closed at ____ P.S.I.D. <input type="checkbox"/>		Opened at ____ P.S.I.D. <input type="checkbox"/>	
SFP TEST KIT MANUFACTURER:		KIT MODEL NO.:		KIT SERIAL NUMBER:		KIT CALIBRATION: EXPIRATION DATE:	
CALIBRATION COMPANY:							
REMARKS:							
I HEREBY CERTIFY THAT THIS DATA IS ACCURATE (TRUE) AND REFLECTS THE PROPER OPERATION TEST, AND/OR MAINTENANCE OF THIS ASSEMBLY.							
RETURN REPORT TO:				TESTED BY: (SIGNATURE) _____ PRINT NAME: _____			
City of Atlanta Bureau of Drinking Water Backflow Prevention Department 651 Fourteenth St. NW Atlanta, GA 30318				REPAIRED BY: (SIGNATURE) _____ PRINT NAME: _____			
				FINAL TEST BY: (SIGNATURE) _____ PRINT NAME: _____			
				TRAINING CERTIFICATION NO.:		CERTIFICATION EXPIRATION DATE:	

WHITE: RETURN TO BUREAU OF WATER, BFP DIV

CANARY: TESTER'S COPY

TURN WATER ON !!!

PINK: CUSTOMER'S COPY

City of Atlanta
 Bureau of Drinking Water
 Backflow Division
 651 Fourteenth St. NW
 Atlanta, GA 30318
 telephone (404) 982-1485
 facsimile (404) 235-2054

**Bureau of Drinking Water
 BACKFLOW PREVENTION
 A Community Environmental/Health Protection Program
 ASSEMBLY TEST DATA and MAINTENANCE REPORT**

ACCOUNT NAME:				ACCOUNT NO.:		FILE NO.:					
MAILING ADDRESS:				CONTACT NAME:		CONTACT NO.:					
SERVICE ADDRESS:				METER NO.:							
LOCATION OF ASSEMBLY:				INSTALLATION DATE:							
TYPE OF ASSEMBLY:		MANUFACTURER:		MODEL:		SIZE:	SERIAL NO.:				
DATE:	TIME:	TEST:	INITIAL:	SEMIANNUAL:	ANNUAL:	OTHER-LIST:					
DOM:	FIRE:	COMBO:	IRRIG.:	OTHER:	LINE PRESSURE AT TIME OF TEST:		PRESSURE DROP ACCESS				
ISOLATION DESCRIPTION:				P.S.I.G.		FIRST CHECK VALVE: ____ P.S.I.D.					
	CHECK VALVE NO. 1		CHECK VALVE NO. 2		DIFFERENTIAL PRESSURE RELIEF VALVE		PRESSURE VACUUM BREAKER				
	1. Leaked <input type="checkbox"/> 2. Closed at ____ P.S.I.D. <input type="checkbox"/> Passed <input type="checkbox"/> Failed <input type="checkbox"/>		1. Leaked <input type="checkbox"/> 2. Closed at ____ P.S.I.D. <input type="checkbox"/> Passed <input type="checkbox"/> Failed <input type="checkbox"/>		1. Opened at ____ P.S.I.D. <input type="checkbox"/> 2. Did Not Open <input type="checkbox"/> Passed <input type="checkbox"/> Failed <input type="checkbox"/>		1. Air Jet Opened at ____ P.S.I.D. <input type="checkbox"/> Did Not Open at ____ Passed <input type="checkbox"/> Failed <input type="checkbox"/>				
R E P A I R S	Cleaned <input type="checkbox"/> Replaced: Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seal <input type="checkbox"/> Diaphragm <input type="checkbox"/> "O" Rings <input type="checkbox"/> Complete Repair Kit <input type="checkbox"/> Other, Describe <input type="checkbox"/>		Cleaned <input type="checkbox"/> Replaced: Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seal <input type="checkbox"/> Diaphragm <input type="checkbox"/> "O" Rings <input type="checkbox"/> Complete Repair Kit <input type="checkbox"/> Other, Describe <input type="checkbox"/>		Cleaned <input type="checkbox"/> Replaced: Disc <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm, Large <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Diaphragm, Small <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spacer Lower <input type="checkbox"/> "O" Rings <input type="checkbox"/> Complete Repair Kit <input type="checkbox"/> Other, Describe <input type="checkbox"/>		Check Valve: Leaked ____ P.S.I.D. <input type="checkbox"/> Closed ____ P.S.I.D. <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced: C.V. Assembly <input type="checkbox"/> Disc Air Inlet <input type="checkbox"/> Disc C.V. <input type="checkbox"/> Spring <input type="checkbox"/> Retainer <input type="checkbox"/> Guide <input type="checkbox"/> "O" Rings <input type="checkbox"/> Other, Describe <input type="checkbox"/>				
	Final Test	Closed at ____ P.S.I.D. <input type="checkbox"/> Pressure Drop Across Check Valve No. 1 ____ P.S.I.D. <input type="checkbox"/>		Closed at ____ P.S.I.D. <input type="checkbox"/>		Opened at ____ P.S.I.D. <input type="checkbox"/>		Passed <input type="checkbox"/> Failed <input type="checkbox"/>			
SFP TEST KIT MANUFACTURER:		KIT MODEL NO.:		KIT SERIAL NUMBER:		KIT CALIBRATION: EXPIRATION DATE:					
CALIBRATION COMPANY:											
REMARKS:											
I HEREBY CERTIFY THAT THIS DATA IS ACCURATE (TRUE) AND REFLECTS THE PROPER OPERATION TEST, AND/OR MAINTENANCE OF THIS ASSEMBLY.											
RETURN REPORT TO:				TESTED BY: (SIGNATURE)				PRINT NAME:			
City of Atlanta Bureau of Drinking Water Backflow Prevention Department 651 Fourteenth St. NW Atlanta, GA 30318				REPAIRED BY: (SIGNATURE)				PRINT NAME:			
				FINAL TEST BY: (SIGNATURE)				PRINT NAME:			
				TRAINING CERTIFICATION NO.:				CERTIFICATION EXPIRATION DATE:			

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