



Knoxville Utilities Board

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Knoxville Utilities Board

Assembly ID		Facility Name			
Acct Number		Meter #		Test Report Due:	
Service Address				Schedule Code-Ass	
				Assembly Info	(Replacement/Correction)
Equip Location				SN	<input type="checkbox"/>
Premise ID		Containment		Mfr	<input type="checkbox"/>
Contact Name			Ph	Type	<input type="checkbox"/>
Map Page		Contact 2 Ph #		Size	<input type="checkbox"/>
				Model	<input type="checkbox"/>
				Install Date	
				Permit Num	
			Hazard Type	Haz. Level	

Line pressure at time of test: _____

REPORT OF TEST RESULTS

Approved BFP

	Check Valve #1	Check Valve #2	Relief Valve	Back Pressure	Shut Off Valves		
Initial Test	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Opened at _____ PSID	Check for Leakage Against Back Pressure <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked		#1	#2
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Did Not Open		<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Closed Tight	<input type="checkbox"/>
REPAIR	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Diaphragm <input type="checkbox"/> Module <input type="checkbox"/> _____	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Module <input type="checkbox"/> _____	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> _____		<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> REPAIR <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Other/Notes: _____ _____						
Final Test	_____ PSID <input type="checkbox"/> Closed Tight	_____ PSID <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Opened at _____ PSID	Back Pressure <input type="checkbox"/> Closed Tight	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

WHITE=KUB

YELLOW=Tester

PINK=Customer

KUB

Initial Test By	Certificate	Date:	Gauge Num		Company	Phone
Final Test By						
Repair By						