



Knoxville Utilities Board

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Knoxville Utilities Board

		Facility Name			
		Meter #		Test Report Due:	
Service Address				Schedule Code	
				Assembly Info <input type="checkbox"/> Replacement <input type="checkbox"/> Correction <input type="checkbox"/>	
Equipment Location				SN <input type="checkbox"/>	
Contact Name		<input type="checkbox"/> Containment		<input type="checkbox"/> Isolation	
Map Page		Ph		Mfr <input type="checkbox"/>	
		Contact 2 Ph #		Type <input type="checkbox"/>	
Backflow Photo(s)				Size <input type="checkbox"/>	
				Model <input type="checkbox"/>	
				Install Date	
				Permit Number	
			Hazard Type		Hazard 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"/> Leaked	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Did Not Open		<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Closed Tight Leaked	<input type="checkbox"/> <input type="checkbox"/>
REPAIR	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED		CLEANED REPLACED REPAIR	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<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"/> 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"/> 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"/> _____		Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other/Notes: _____ _____							
Final Test	_____ PSID	_____ PSID	<input type="checkbox"/> Opened at _____ PSID	Back Pressure <input type="checkbox"/> Closed Tight	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	_____ PSID				

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

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