



NEW CONSTRUCTION ONLY FORM

Submit to: District Inspector

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

Line pressure at time of test: _____

REPORT OF TEST RESULTS

Approved BFP

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut Off Valves	
Initial Test	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Opened at _____ PSID	<input type="checkbox"/> Air Inlet Opened at _____ PSID		#1 #2
Pass	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Did Not Open	Opened Fully Y <input type="checkbox"/> N <input type="checkbox"/>	Closed Tight	<input type="checkbox"/> <input type="checkbox"/>
Fail	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked		<input type="checkbox"/> Check Held at _____ PSID	Leaked	<input type="checkbox"/> <input type="checkbox"/>
R E P A I R	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	CLEANED	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REPLACED	REPLACED	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Air Inlet Disc	REPAIR	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Air Inlet Spring		
	<input type="checkbox"/> Guide	<input type="checkbox"/> Guide	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Check Disc		
	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Check Spring		
	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> Float		
	<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> Diaphragm		
	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit			
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	Other	<input type="checkbox"/> <input type="checkbox"/>
Other/Notes: _____						
Final Test	<input type="checkbox"/> _____ PSID	<input type="checkbox"/> _____ PSID	<input type="checkbox"/> Opened at _____ PSID	Opened Fully Y <input type="checkbox"/> N <input type="checkbox"/>	Air Inlet _____ PSID	Closed Tight <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> _____ PSID	CK Valve _____ PSID		Pass <input type="checkbox"/>

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

Initial Test By - Print	Certificate	Date	Gauge Num	Company	Phone	
Final Test By - Print						
Repair By - Print						