



1. Assembly/Tag No. \_\_\_\_\_

2. Water Meter No. \_\_\_\_\_

3. COT Permit No. \_\_\_\_\_

*(Required if this is a new or replaced installation)*

**Backflow Prevention Assembly Test & Maintenance Report (TMR)**

4. Inlet Pressure \_\_\_\_\_

All fields must be completed in accordance with the TMR Instruction sheet in order for the test to be accepted. All repairs shall be completed within TEN (10) working days. Before a Certificate of Occupancy is given the test report must be received and approved.

Please note that **NO** faxes will be accepted. Original tests shall be sent to the Cross-Connection Program at 4505-A Springhill Rd. Tallahassee, FL 32305. Please contact Cross-Connection with any questions at 850-891-1248

5. CUSTOMER: \_\_\_\_\_

6. STREET ADDRESS: \_\_\_\_\_

7. MAILING ADDRESS: \_\_\_\_\_

8. LOCATION OF ASSEMBLY: \_\_\_\_\_

9. DEVICE: EXISTING  NEW  REPLACED  10. POINT OF USE: DOMESTIC  FIRE  IRRIGATION

11. TYPE OF ASSEMBLY: RP  DC  DCDA  ( Main, Bypass) PVB  RPDA  ( Main, Bypass) 12. SIZE: \_\_\_\_\_

13. MANUFACTURER: \_\_\_\_\_ 14. MODEL: \_\_\_\_\_ 15. SERIAL NO: \_\_\_\_\_

16. INSTALLED TO SPECS: YES  NO  17. RISER MATERIAL/CLEARANCE: \_\_\_\_\_ / \_\_\_\_\_ INCHES

| 18. Check Valve #1  | Relief Valve  | Check Valve #2  | Pressure Vacuum Breaker  |
|---|---|---|--|
| <input type="checkbox"/> leaked or<br><input type="checkbox"/> closed tight | opened at: _____ psi<br>or did not open <input type="checkbox"/>                                | <input type="checkbox"/> leaked or<br><input type="checkbox"/> closed tight | Air Inlet: did not open <input type="checkbox"/><br>or opened at _____ psi |
| gauge pressure across<br>check valve _____ psi                              | Outlet shut-off valve:<br><input type="checkbox"/> leaked <input type="checkbox"/> closed tight | gauge pressure across<br>check valve _____ psi                              | Check Valve: leaked <input type="checkbox"/><br>or held at _____ psi       |
| Cleaned _____<br>Repaired _____   | Cleaned _____<br>Repaired _____   | Cleaned _____<br>Repaired _____   | Cleaned _____<br>Repaired _____  |
| Gauge pressure across<br>check valve _____ psi                              | Relief valve opened at<br>_____ psi   | Gauge pressure across<br>check valve _____ psi                              | air inlet _____ psi<br>check valve _____ psi                               |

19. COMMENTS: \_\_\_\_\_

***I hereby certify this test data to be a true and accurate representation of the operation and maintenance of the above assembly at the time and date of this test***

20. TESTER: (PRINT) \_\_\_\_\_ (SIGN) \_\_\_\_\_

21. CERTIFICATION NO: \_\_\_\_\_ 22. DATE: \_\_\_\_\_ 23. TIME: \_\_\_\_\_

24. TESTER TELEPHONE NO: \_\_\_\_\_ 25. TESTER EMAIL (Optional) \_\_\_\_\_

26. REPAIRED BY: \_\_\_\_\_ 27. Gauge Serial # \_\_\_\_\_ 28. Calibration Date: \_\_\_\_\_

29. ASSEMBLY INSTALLED BY: \_\_\_\_\_ 30. TELEPHONE NO: \_\_\_\_\_

31. This Assembly:  PASSED  FAILED

TMR. Rev.20131001