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Instructions for Completing City of Tallahassee

Backflow Prevention Assembly Test & Maintenance Report

Cross-Connection: 850-891-1248

All fields must be completed in accordance with the following instructions in order for test to be accepted. Please contact Cross-Connection with any questions.

Please note that NO faxes will be accepted. Original tests shall be delivered to the office of Cross-Connection Control 4505-A Springhill Rd. Tallahassee, Fl 32305

Before a Certificate of Occupancy is given the test must be received and approved

1. **Assembly/Tag Number**
    a. **If Existing?:** A backflow device assembly number will be located on the tag which will be attached to the backflow device
        i. Example: (94-02-006-RP; 94-02-006-DC; 94-02-006-DDCA; 94-02-006-DDCB; 94-02-006-PVB; 003406; [05000; 94-02-006-DDCA – tag's current number must include all letters and digits, including zeroes])
    b. **If New?:** Please write in the word "New"
    c. **If Missing?:** If backflow assembly number cannot be located, please write in the word "Missing"

2. **Water Meter Number**
    a. The number is located on the water meter, this number **shall be verified** by the tester for each backflow device test performed.

3. **COT Permit Number** (Required If This Is A New/Replaced Installation)
    a. For all new/replaced backflow assemblies a number is assigned by Growth Management.

4. **Inlet Pressure**
    a. Acquired by tester from number 1 or 2 test cock

5. **Customer**
    a. Owner/Tennant/Property Manager

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6. **Street Address (Premises)**
    a. Physical address assigned to the water meter for this backflow assembly

7. **Mailing Address**
    a. This is the address of the customer/responsible parties who obtained the backflow assembly test

8. **Location of Assembly**
    a. Description of the physical location of the backflow assembly device being tested (Example: NW Corner, Middle of Yard, In Room/Closet)

9. **Device**
    a. Is it Existing, New, or Replaced?

10. **Point of Use**
    a. To the best of your knowledge, is this device for Domestic, Fire, or Irrigation uses?

11. **Type of Assembly**
    a. RP; DC; DCDA circle (main or bypass); PVB; RPDA circle (main or bypass)

12. **Size**
    a. Located on backflow device

13. **Manufacturer**
    a. Located on backflow device

14. **Model**
    a. Located on backflow device

15. **Serial Number**
    a. Located on backflow device

16. **Installed To Specs?**
    a. Has the device been installed in accordance with the construction standards of the City of Tallahassee Cross-Connection Manual? [Yes or No]

17. **Riser Material/ Clearance (Inches)**
    a. What type of pipe material is the device installed with/on
        i. (Example: Copper, Galvanized, Ductile Iron)
    b. Distance from the lowest point of the backflow assembly to the final grade

18. **---Placed Here Will Be A Matrix Of Test Results---**

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a. All corresponding fields **MUST** be filled-out

19. **Comments**
    a. Any comments regarding variances, or to explain details regarding the test or the condition of the backflow assembly and surroundings
        i. Example: "observed leaks", "device is turned-off", etc.

Certification Statement

   b. Read and understand the certification statement prior to completing remainder of the form

20. **Tester (Signature)**
    a. **Print** and **Sign** the name of the tester

21. **Certification Number**
    a. This is your assigned Backflow Prevention Tester certificate number

22. **Date**
    a. Date the test was **performed**

23. **Time**
    a. Time of day when test was performed

24. **Tester Telephone Number**
    a. Working and up-to-date telephone number of the **tester**

25. **Tester Email**

    a. Working and up-to-date email address of the **tester**; this is *optional* (∗)

26. **Repaired By:**
    a. Name of company who performed any repairs, if known

27. **Gauge Serial #**
    a. Serial Number printed on testing gauge

28. **Calibration Date**
    a. Date of most recent calibration of testing device

29. **Assembly Installed By:**

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       a.   Name of company who installed device, if known

30. Phone Number

       a.   Phone # of the installer, if known

31. This Assembly: Passed? Failed?

       a.   The form must be checked either "passed" or "failed"

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