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/Tenant/Property Manager
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***
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:**
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”