## Assembly Test Data and Maintenance Report

### Account Name: [Name]

**Account No:** [Number]

**File No:** [Number]

**Mailing Address:** [Address]

**Contact Name:** [Name]

**Contact No:** [Number]

**Service Address:** [Address]

**Meter Number:** [Number]

**Location of Assembly:** [Location]

**Installation Date:** [Date]

### Type of Assembly: [Type]

**Manufacturer:** [Name]

**Model:** [Model]

**Size:** [Size]

**Serial No.:** [Number]

### Date: [Date]

**Time:** [Time]

**Test:** [Type]

**Initial:** [Initial]

**Semi-Annual:** [Yes/No]

**Annual:** [Yes/No]

**Other:** [Yes/No]

**Differential Pressure at Time of Test:** [PSIG]

**Pressure Drop Access First Check Valve:** [PSIG]

### Isolation Description:

1. **Leaked**
2. **Closed at** [PSIG]

**Passed**

**Failed**

### Repairs

**Cleaned:** [Yes/No]

**Replaced:**
- Disc:
- Spring:
- Guide:
- Pin Retainer:
- Hinge Pin:
- Seal:
- Diaphragm:
- "O" Rings:
- Complete Repair Kit:
- Other, Describe:

**Check Valve:**
- **Leak** [PSIG]
- **Closed** [PSIG]

**Passed**

**Failed**

### Final Test

**Closed at** [PSIG]

**Pressure Drop Across Check Valve No. 1** [PSIG]

**Passed**

**Failed**

### SFT Test Kit

**Manufacturer:** [Name]

**Model No.:** [Number]

**Serial Number:** [Number]

**Calibration Expiration Date:** [Date]

**Calibration Company:** [Name]

### Remarks:

**I hereby certify that this data is accurate (true) and reflects the proper operation test and/or maintenance of this assembly.**

**Returned Report To:**

City of East Point
Water and Sewer Department
Meter Services Division-Backflow Prevention
2757 East Point Street
East Point, GA 30344

**Tested By:** [Signature]

**Print Name:** [Name]

**Repaired By:** [Signature]

**Print Name:** [Name]

**Final Test By:** [Signature]

**Training Certification No.:** [Number]

**Certification Expiration Date:** [Date]

Fax 404-270-7222

Office 404-270-7194