



Department of Public Works
Water & Sewer Division

1111 East St. Bernard Highway • P.O. Box 1278
Chalmette, Louisiana 70044-1278

Assembly Serial # _____
 Test Date / Time _____
 Tester Certification # _____
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

St. Bernard Parish Govt. Backflow Assembly Test & Maintenance Report (please print with BLOCK LETTERING)

Account	Facility Name: _____		Meter #: _____			
	Facility Address: _____		City: _____			
	Contact Person: _____		Phone: _____			
Assembly	Make: _____ Model: _____		<u>Type of Use</u>			
	Type: <input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap		<u>Protection</u>			
	Size: _____ Date Installed: _____		<u>Orientation</u>			
	<input type="checkbox"/> New <input type="checkbox"/> Existing		<input type="checkbox"/> Domestic <input type="checkbox"/> Containment <input type="checkbox"/> Inlet <input type="checkbox"/> Outlet <input type="checkbox"/> Fire <input type="checkbox"/> Glycol <input type="checkbox"/> Containment by Isolation <input type="checkbox"/> Horizontal <input type="checkbox"/> <input type="checkbox"/> Irrigation <input type="checkbox"/> Isolation <input type="checkbox"/> Vertical Up <input type="checkbox"/> <input type="checkbox"/> Recycled <input type="checkbox"/> Vertical Down <input type="checkbox"/> Approved: Y <input type="checkbox"/> N <input type="checkbox"/>			
Previous Assembly #: _____		Location: _____				
Testing & Maintenance	Line	Initial Test Results		Repairs	Re-Test Results	
	PSI:	Tightness	Differential		Tightness	Differential
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input type="checkbox"/> Tight				<input type="checkbox"/> Leak <input type="checkbox"/> Tight
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input type="checkbox"/> Tight				<input type="checkbox"/> Leak <input type="checkbox"/> Tight
	Relief Valve (RP)					
	Buffer (RP)					
	Air Inlet (PVB)					
	Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced		Shutoff Valve #2: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced			
	Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No		Test Procedure: <input type="checkbox"/> ABPA: <input type="checkbox"/> ASSE:			
	Comments: _____					
Notification	Alarm Company/Fire Department: _____					
	Person Notified: _____		Contacted By: _____			
	Turn Off Date/Time: _____		Turn On Date/Time: _____			
Test Kit	Test Kit Make: _____		Model: _____			
	Serial #: _____		Last Calibration Date: _____			
Tester	<i>Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.</i>					
	Testing Company: _____					
	Tester Name: _____		Phone: _____			
Signature: _____		Certificate Expiration Date: _____				

Testing Company: Submit by e-mail (preferred) to jgroby@sbsp.net
 type "Backflow Test Reports" in the subject line OR submit by Fax to (504) 271-1837

* **FAILED** test results **must** be reported to St. Bernard Parish within 24 hours of failure at (504) 271-1681 x 3234 Environmental Control Dept.