



We Are Columbia

CITY OF COLUMBIA CROSS CONNECTION CONTROL PROGRAM
 FIELD TESTING & MAINTENANCE REPORT FORM
 FOR BACKFLOW PREVENTION DEVICES

ILLEGIBLE OR INCOMPLETE TEST REPORTS WILL NOT BE ACCEPTED
watercrossconnection@columbiasc.gov Office (803)545-3876

Date: _____

Account Name: _____

Account Address: _____

Account Number: _____ Meter Number: _____

Device Name: _____ Model: _____

Serial Number: _____ Size: _____ Service Type: Fire Protection Domestic Irrigation

Device Location: _____

New Installation Replacement Existing (Annual) / ___ Serial Number Device replaced: _____

	Check No. 1	Check No. 2	Air-Inlet Or Relief Valve	# 1 Gate or Ball (Circle One)	#2 Gate or Ball (Circle One)
Test Before Repairs	(Mark One) Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> /____	(Mark One) Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> /____	Opened at ____ LBS. Differential Pressure _____	(Mark One) Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> /____	(Mark One) Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> /____
	Differential Pressure _____	Differential Pressure _____			
Repairs And New Materials	_____	_____	_____	_____	_____
Test After Repairs	(Mark One) Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> /____	(Mark One) Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> /____	Opened at ____ LBS. Differential Pressure _____	(Mark One) Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> /____	(Mark One) Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> /____
	Differential Pressure _____	Differential Pressure _____			

PASS ___ FAIL ___

TIME: ___ ___

Tester Name: _____

Certification Number: _____

Tester Signature: _____

Company Name: _____

Company Telephone Number: _____

Method of Testing: _____

Test Kit Used: _____

Comments: _____

ABOVE DATA CERTIFIED TO BE CORRECT