



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
Fax (803)733-8292 Office (803)545-3876

Date: _____

Account Name: _____

Account Address: _____

Account Number: _____ Meter Number: _____

Device Name: _____ Model Number: _____

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

Device Location: _____

New Installation _____ Replacement _____ Existing (Annual) _____ Serial Number of Device being 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 _____ Closed _____ Tight _____	(Mark One) Leaked _____ Closed _____ Tight _____	Opened at _____ LBS. Differential Pressure	(Mark One) Leaked _____ Closed _____ Tight _____	(Mark One) Leaked _____ Closed _____ Tight _____
	Diff Press	Diff Press			
Repairs And New Materials					
Test After Repairs	(Mark One) Leaked _____ Closed _____ Tight _____	(Mark One) Leaked _____ Closed _____ Tight _____	Opened at _____ LBS. Differential Pressure	(Mark One) Leaked _____ Closed _____ Tight _____	(Mark One) Leaked _____ Closed _____ Tight _____
	Diff Press	Diff Press			

Tested by (PRINT): _____

Tester Signature: _____ Certification Number: _____

Company Name: _____ Company Telephone Number: _____

Method of Testing: _____ Test Kit Used: _____

Comments: _____

(Mailing Address)
 City Of Columbia Cross Connections
 2910 Colonial Dr
 Columbia, SC 29203

ABOVE DATA CERTIFIED TO BE CORRECT

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