



City of Auburndale
AUBURNDALE, FLORIDA 33823

Customer Service Office

P O Box 186
215 Main St
Phone (863) 965-5500
Fax (863)965-5505

TEST AND MAINTENANCE REPORT

Customer: _____

Street Address: _____

Mailing Address: _____

Location of Assembly: _____

Type of Assembly: RP [] DC [] PVB [] AVB [] Size: _____

Manufacturer: _____ Model: _____ Serial No: _____

Test Gauge Manufacturer: _____ Gauge Serial No: _____

Check Valve #1	Relief Valve	Check Valve #2	Pres Vacuum Breaker
<input type="checkbox"/> leaked <input type="checkbox"/> closed tight Gauge pressure across check valve _____ psi	opened at: _____ psi did not open <input type="checkbox"/>	<input type="checkbox"/> leaked <input type="checkbox"/> closed tight gauge pressure across check valve _____ psi	air inlet opened at _____ psi did not open <input type="checkbox"/> check valve: leaked held at _____ psi
<input type="checkbox"/> cleaned only replaced: rubber kit <input type="checkbox"/> CV assembly <input type="checkbox"/> or disc <input type="checkbox"/> o-rings <input type="checkbox"/> seat <input type="checkbox"/> spring <input type="checkbox"/> stem/guide <input type="checkbox"/> retainer <input type="checkbox"/> lock nuts <input type="checkbox"/> other <input type="checkbox"/>	<input type="checkbox"/> cleaned only replaced: rubber kit <input type="checkbox"/> RV assembly <input type="checkbox"/> or disc <input type="checkbox"/> diaphragm (s) <input type="checkbox"/> seat <input type="checkbox"/> spring <input type="checkbox"/> guide <input type="checkbox"/> o-rings <input type="checkbox"/> other <input type="checkbox"/>	<input type="checkbox"/> cleaned only replaced: rubber kit <input type="checkbox"/> CV assembly <input type="checkbox"/> or disc <input type="checkbox"/> o-rings <input type="checkbox"/> seat <input type="checkbox"/> spring <input type="checkbox"/> stem/guide <input type="checkbox"/> retainer <input type="checkbox"/> lock nuts <input type="checkbox"/> other <input type="checkbox"/>	<input type="checkbox"/> cleaned only replaced: rubber kit <input type="checkbox"/> CV assembly <input type="checkbox"/> disc, air in <input type="checkbox"/> disc, CV <input type="checkbox"/> spring, air <input type="checkbox"/> spring, CV <input type="checkbox"/> retainer <input type="checkbox"/> guide <input type="checkbox"/> o-ring <input type="checkbox"/> other <input type="checkbox"/>
gauge pressure across check valve _____ psi	relief valve opened at _____ psi	gauge pressure across check valve _____ psi	air inlet _____ psi check valve _____ psi

****Note**:** All repairs shall be completed within ten (10) days.

Remarks: _____

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

Signature: _____ Certification No: _____

Date: _____ Time: _____ Water Meter Serial # _____