

Serving Californians since 1929.

BACKFLOW PREVENTION ASSEMBLY TEST & MAINTENANCE REPORT

Customer Name:
Mailing Address:
City State Zip

METER NO:

SERVICE LOCATION:
BACKFLOW ASSEMBLY LOCATION:

MFG: _____ **MODEL:** _____ **SIZE:** _____ **SERIAL NO:** _____
TYPE (Circle One): DCDA, DC, RPDA, RP, PVB

LINE PRESSURE:

INITIAL TEST	CHECK VALVE 1	CHECK VALVE 2	RELIEF VALVE	AIR INLET
	HELD AT _____ LEAKED <input type="checkbox"/>	HELD AT _____ RP TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/>	OPEN _____ PSI DID NOT OPEN <input type="checkbox"/>	OPEN _____ PSI DID NOT OPEN <input type="checkbox"/>
REPAIRS	CLEANED <input type="checkbox"/> REPLACED: DISC <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> HINGE PIN <input type="checkbox"/> SEAT <input type="checkbox"/> MODULE <input type="checkbox"/> OTHER <input type="checkbox"/> DESCRIBE:	CLEANED <input type="checkbox"/> REPLACED: DISC <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> HINGE PIN <input type="checkbox"/> SEAT <input type="checkbox"/> MODULE <input type="checkbox"/> OTHER <input type="checkbox"/> DESCRIBE:	CLEANED <input type="checkbox"/> REPLACED: DISC <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> FLOAT <input type="checkbox"/> SPRING <input type="checkbox"/> OTHER <input type="checkbox"/> O-RING(S) <input type="checkbox"/> MODULE <input type="checkbox"/> DESCRIBE:	CLEANED <input type="checkbox"/> REPLACED: DISC <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> FLOAT <input type="checkbox"/> SPRING <input type="checkbox"/> OTHER <input type="checkbox"/> DESCRIBE:
FINAL TEST	CLOSED TIGHT _____	CLOSED TIGHT _____	OPENED AT _____ PSI	OPENED AT _____ PSI

COMMENTS:

THE ABOVE REPORT IS CERTIFIED TO BE TRUE.

PASS FAIL

INITIAL TEST (SIGN) - PRINT NAME- CERTIFICATION#(AWWA/ABPA/Specify Other____) DATE

FINAL TEST AFTER REPAIR - PRINT NAME- CERTIFICATION#(AWWA/ABPA/Specify Other____) DATE

TESTER'S COMPANY NAME

TESTER'S PHONE NUMBER

GAUGE MAKE/MODEL/ SERIAL NO.

GAUGE CALIBRATION DATE

ONLY CALIFORNIA DEPT OF PUBLIC HEALTH APPROVED ASSEMBLIES, SHUT-OFF VALVES, TEST COCKS, PARTS ARE AUTHORIZED FOR USE BY THIS DEPARTMENT. TEST REPORTS MUST BE COMPLETED IN INK. DO NOT REPLACE ASSEMBLY WITHOUT CONTACTING ENVIRONMENTAL QUALITY DEPARTMENT.

PLEASE EMAIL COMPLETED FORM TO: Backflowtest@gswater.com