

Backflow Prevention Assembly Test Report

Service Address _____

Location: _____

Mailing Address _____

Serial #: _____
Check if Correct Corrections

Manufacturer: _____

Model: _____

Type: _____

Size: _____

Hazard: _____ Orientation: _____

Premise ID: _____ Meter#: _____

Mailing Phone: _____ SPID: _____ Protection: _____

Test Due No Later than: Existing Removed Commercial Residential Construction Domestic Irrigation Fire
 New Replaced Industrial

	Reduced Pressure Principle Assembly			Air Gap <small>Required Separation Yes <input type="checkbox"/> No <input type="checkbox"/></small>	
	Double Check Valve Assembly			PVB/SVB	
	Check Valve #1	Check Valve #2	Relief Valve	Air Inlet	Check Valve
Initial Test Date _____ Time _____	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Did not open <input type="checkbox"/> Opened at _____ PSID	Did not open <input type="checkbox"/> Opened at _____ PSID	Leaked <input type="checkbox"/> Held at _____ PSID
Repairs Date _____ Time _____	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> O-rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stemguide <input type="checkbox"/> Retainer <input type="checkbox"/> Lock Nuts <input type="checkbox"/> Other <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> O-rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stemguide <input type="checkbox"/> Retainer <input type="checkbox"/> Lock Nuts <input type="checkbox"/> Other <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Rubber Kit <input type="checkbox"/> RV Assembly <input type="checkbox"/> 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"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Retainer <input type="checkbox"/> Guide <input type="checkbox"/> O-rings <input type="checkbox"/> Other <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Retainer <input type="checkbox"/> Guide <input type="checkbox"/> O-rings <input type="checkbox"/> Other <input type="checkbox"/>
Final Test Date _____ Time _____	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	Opened at _____ PSID	Held at _____ PSID

<p>Notify us if failed assemblies cannot be repaired within 3 days</p> <p>Comments: _____</p> <p>_____</p> <p>I certify all information on this report is true and accurate, acknowledging that incomplete reports will not be accepted.</p> <p>Tester _____</p> <p>Certification # _____ Phone _____</p> <p>Test Kit Serial # _____ Calibration Date _____</p> <p>Signature _____</p>	<table style="width: 100%;"> <tr> <td>Proper Installation</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>RV Exercised</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>#2 Shutoff Closed</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Service Restored</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Line Pressure</td> <td colspan="2">_____</td> </tr> <tr> <td>Meter Reading</td> <td colspan="2">_____</td> </tr> <tr> <td>Passed</td> <td><input type="checkbox"/></td> <td>Failed <input type="checkbox"/></td> </tr> </table>	Proper Installation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>	#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>	Service Restored	<input type="checkbox"/>	<input type="checkbox"/>	Line Pressure	_____		Meter Reading	_____		Passed	<input type="checkbox"/>	Failed <input type="checkbox"/>
Proper Installation	Yes <input type="checkbox"/>	No <input type="checkbox"/>																				
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>																				
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>																				
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>																				
Line Pressure	_____																					
Meter Reading	_____																					
Passed	<input type="checkbox"/>	Failed <input type="checkbox"/>																				



Return completed Test Report to:

Dublin San Ramon Services District
