

Backflow Prevention Assembly Test Report

Service Address	Test Due / /	Location:																		
Mailing Address		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;">Check if Correct</td> <td style="width: 20%; text-align: center;">Corrections</td> </tr> <tr> <td>Serial #:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Mfg:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Model:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Type:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Size:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> </table>		Check if Correct	Corrections	Serial #:	<input type="checkbox"/>	_____	Mfg:	<input type="checkbox"/>	_____	Model:	<input type="checkbox"/>	_____	Type:	<input type="checkbox"/>	_____	Size:	<input type="checkbox"/>	_____
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Type:	<input type="checkbox"/>	_____																		
Size:	<input type="checkbox"/>	_____																		
METER #:																				

Existing <input type="checkbox"/>	Removed <input type="checkbox"/>	Commercial <input type="checkbox"/>	Municipal <input type="checkbox"/>	Domestic <input type="checkbox"/>	Fire <input type="checkbox"/>
New <input type="checkbox"/>	Replaced <input type="checkbox"/>	Residential <input type="checkbox"/>	Industrial <input type="checkbox"/>	Irrigation <input type="checkbox"/>	Bypass <input type="checkbox"/>

	Reduced Pressure Principle Assembly			PVB/SVB
	Double Check Valve Assembly			
	Check Valve #1	Check Valve #2	Relief Valve	
Initial Test	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did not Open <input type="checkbox"/>	AIR INLET Did not Open <input type="checkbox"/> Opened at _____ PSID Opened Fully <input type="checkbox"/> CHECK VALVE Leaked <input type="checkbox"/> Held at _____ PSID
Date _____	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>		
Time _____	Held at _____ PSID	Held at _____ PSID	Opened at _____ PSID	
Pass <input type="checkbox"/> Fail <input type="checkbox"/>				
Repairs	Cleaned <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Rebuild <input type="checkbox"/> Other <input type="checkbox"/> _____			
Date _____				
Final Test	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at _____ PSID	AIR INLET Did not Open <input type="checkbox"/> Opened at _____ PSID Opened Fully <input type="checkbox"/> CHECK VALVE Leaked <input type="checkbox"/> Held at _____ PSID
Date _____	Held at _____ PSID	Held at _____ PSID		
Time _____				
Pass <input type="checkbox"/> Fail <input type="checkbox"/>				
Air Gap	Supply Pipe Diameter _____ Separation _____		Orientation	
Date _____			Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Other _____	
Pass <input type="checkbox"/> Fail <input type="checkbox"/>				

Comments		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;">Yes</td> <td style="width: 20%; text-align: center;">No</td> </tr> <tr> <td>Proper Install</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>RV Exercised</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Service Restored</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Yes	No	Proper Install	<input type="checkbox"/>	<input type="checkbox"/>	RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>	Service Restored	<input type="checkbox"/>	<input type="checkbox"/>
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RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>												
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>												
Yes <input type="checkbox"/> No <input type="checkbox"/> Notification within three days upon failure.														
Yes <input type="checkbox"/> No <input type="checkbox"/> I certify all information on this report is true and accurate, acknowledging that incomplete reports will not be accepted.														
Tester _____	Company _____													
Certification # _____	Phone _____													
Expire _____	Test Kit Serial # _____													
Signature _____	Calibration Date _____													
		Line Pressure _____												
		Meter Reading _____												
		Test Kit Mfg _____												
		Test Kit Model _____												

WEST VALLEY WATER DISTRICT
 855 West Baseline Road
 Rialto, CA 92377