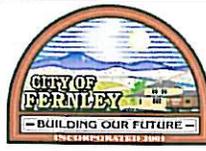


City Id # _____



APN # _____

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

New Installation:

Annual Test:

Account Name: _____
 Service Address: _____
 Location of Device: _____

Mail to: _____

Type of Service: Domestic: Fire: Irrig: Mechanical: Other: _____
 Type of Device: DC: RP: RPDA DCDA: PVB: SVB:

MANUFACTURER _____

MODEL _____

SIZE _____

SERIAL NUMBER _____

Reduced Pressure Principle Assembly (RP)				
Double Check Valve Assembly				
Initial Test	Check Valve 1	Check Valve 2	Relief Valve	PVB/SVB
Apparent Reading _____	_____ PSID Leaked <input type="checkbox"/>	_____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ PSI Did Not Open <input type="checkbox"/>	Air Inlet Opened at _____ PSID Did Not Open <input type="checkbox"/>
REPAIRS	<input type="checkbox"/> Cleaned: <input type="checkbox"/> Replaced: <input type="checkbox"/> Disc: <input type="checkbox"/> Spring: <input type="checkbox"/> Guide: <input type="checkbox"/> Pin Retainer: <input type="checkbox"/> Hinge Pin: <input type="checkbox"/> Seat: <input type="checkbox"/> Diaphragm: <input type="checkbox"/> Other:	<input type="checkbox"/> Cleaned: <input type="checkbox"/> Replaced: <input type="checkbox"/> Disc: <input type="checkbox"/> Spring: <input type="checkbox"/> Guide: <input type="checkbox"/> Pin Retainer: <input type="checkbox"/> Hinge Pin: <input type="checkbox"/> Seat: <input type="checkbox"/> Diaphragm: <input type="checkbox"/> Other:	<input type="checkbox"/> Cleaned: <input type="checkbox"/> Cleaned Sensing Line Replaced: Disc: <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spring: <input type="checkbox"/> Diaphragm: <input type="checkbox"/> Large: <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Small Seat: <input type="checkbox"/> Upper: <input type="checkbox"/> Lower: Spacer: <input type="checkbox"/> Lower: <input type="checkbox"/> Other:	Check Valve Held at _____ PSI <input type="checkbox"/> Leaked <input type="checkbox"/> <input type="checkbox"/> Cleaned: Replaced: Air Inlet: <input type="checkbox"/> Disc <input type="checkbox"/> Check Disc Air Inlet: <input type="checkbox"/> Spring: <input type="checkbox"/> Check Spring: <input type="checkbox"/> Other:
	DCDA Meter Read: _____	_____	_____	_____
Apparent Reading _____	_____ PSID <input type="checkbox"/> Leaked	_____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Opened at _____ PSI	Air Inlet _____ PSID Check Valve _____ PSID
FINAL TEST				

Comments: _____

Initial Test By: _____ Company: _____ Test Date: _____

PASS: FAIL: AWWA Tester #: _____ Gauge #: _____