

Backflow Prevention Assembly Test Report

Service Address		Test Due / /	Location:	
Victorville, CA 92395			Serial #: <input type="checkbox"/> _____	Check if Correct Corrections
Mailing Address			Mfg: <input type="checkbox"/> _____	
			Model: <input type="checkbox"/> _____	
			Type: <input type="checkbox"/> _____	
			Size: 0.000 <input type="checkbox"/> _____	
			Account #: *	
			Meter #: .	

Existing <input type="checkbox"/>	Removed <input type="checkbox"/>		Domestic <input type="checkbox"/>	Fire <input type="checkbox"/>
New <input type="checkbox"/>	Replaced <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"/>	
Date _____	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>		Opened at _____ PSID	
Time _____	Held at _____ PSID	Held at _____ PSID	Opened at _____ PSID	CHECK VALVE Leaked <input type="checkbox"/>	
Pass <input type="checkbox"/> Fail <input type="checkbox"/>				Held at _____ PSID	
Repairs	Cleaned <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Rebuild <input type="checkbox"/> Replaced <input type="checkbox"/> Other <input type="checkbox"/>				
Date _____					
Time _____					
Final Test	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>			AIR INLET
Date _____	Held at _____ PSID	Held at _____ PSID	Opened at _____ PSID		Opened at _____ PSID
Time _____					CHECK VALVE
Pass <input type="checkbox"/> Fail <input type="checkbox"/>					Held at _____ PSID

Comments					
Yes <input type="checkbox"/>	No <input type="checkbox"/>	I acknowledge that incomplete reports will not be accepted by the Water District and all documentation on this report is accurate and said to be true at the time of test.			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Upon device failure, Water District notified within (3) days and repairs to be made within (14) days.			
Tester _____	Company _____				
Certification # _____	Phone _____				
Expire _____	Test Kit Serial # _____				
Signature _____	Calibration Date _____		Line psi _____		

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