



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

City of Victorville

Water Department
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Assembly ID	Facility Name		
Acct Number	Meter #		Test Report Due:
Service Address			
Equip Location		Assembly Info	(Replacement/Correction)
		SN <input type="checkbox"/>	
		Mfr <input type="checkbox"/>	
Contact Name	Ph	Type <input type="checkbox"/>	
		Size <input type="checkbox"/>	
		Model <input type="checkbox"/>	
		Dom. <input type="checkbox"/>	Irrig. <input type="checkbox"/> F/S <input type="checkbox"/>

Confinement
 Freeze Protection
 Hazard Type _____

Water pressure is required on test report. Incomplete test reports will not be accepted which could lead to discontinuance of water service.

Line pressure at time of test: _____

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut Off Valves
Initial Test	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Opened at _____ PSID	<input type="checkbox"/> Air Inlet Opened at _____ PSID	#1 #2
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Opened Fully Y <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/> Check Held at _____ PSID <input type="checkbox"/> Leaked	Closed Tight <input type="checkbox"/> <input type="checkbox"/> Leaked <input type="checkbox"/> <input type="checkbox"/>
Pass <input type="checkbox"/> Fail <input type="checkbox"/>	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked			
R E P A I R	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	CLEANED <input type="checkbox"/> <input type="checkbox"/> REPLACED <input type="checkbox"/> <input type="checkbox"/> REPAIR <input type="checkbox"/> <input type="checkbox"/>			
	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Air Inlet Disc	
	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Air Inlet Spring	
	<input type="checkbox"/> Guide	<input type="checkbox"/> Guide	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Check Disc	
	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Check Spring	
	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> Float	
	<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> Diaphragm	
	<input type="checkbox"/> Rubber Kit				
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	Other <input type="checkbox"/> <input type="checkbox"/>
	Other/Notes: _____				
Final Test	_____ PSID	_____ PSID	<input type="checkbox"/> Opened at _____ PSID	Air Inlet _____ PSID	Closed Tight <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	_____ PSID	CK Valve _____ PSID	Pass <input type="checkbox"/>

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

Initial Test By	Certificate	Test Date:	Gauge Num	Company	Phone
Final Test By					
Repair By					