

Backflow Prevention Assembly Test Report

Service Address

Victorville, CA 92395

Test Due
/ /

Location:

Check if Correct Corrections

Serial #: _____
 Mfg: _____
 Model: _____
 Type: _____
 Size: 0.000 _____

Account #: *
 Meter #: .

Mailing Address

Existing Removed Domestic Fire
 New Replaced Irrigation Bypass

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

AIR INLET

Initial Test	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did not Open <input type="checkbox"/>	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
Pass <input type="checkbox"/> Fail <input type="checkbox"/>				Leaked <input type="checkbox"/>
				Held at _____ PSID

Repairs

Date _____	Cleaned <input type="checkbox"/>	
Time _____	Rubber Kit <input type="checkbox"/>	_____
	Rebuild <input type="checkbox"/>	_____
	Replaced <input type="checkbox"/>	_____
	Other <input type="checkbox"/>	_____

Final Test	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at _____ PSID	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 No 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 No Upon device failure, Water District notified within (3) days and repairs to be made within (14) days.

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>

Tester _____	Company _____
Certification # _____	Phone _____
Expire _____	Test Kit Serial # _____
Signature _____	Calibration Date _____

Line psi _____

CITY OF VICTORVILLE

PO Box 5001
 Victorville, CA 92393-5001
 Phone: 760-955-2483 Fax: 760-269-0088