

BACKFLOW PREVENTION DEVICE FIELD TESTING AND MAINTENANCE REPORT

Account No:
Tap No:

Return no later than:

-VALVE INFORMATION-

Manufacturer	Model	Size	Backflow Serial No.	Meter Serial No.	Type
Location:					
Assembly Location:					

(Please mark any changes on this form)

	CHECK VALVE # 1	CHECK VALVE # 2	DIFFERENTIAL PRESSURE RELIEF VALVE	AIR INLET	DIFFERENTIAL TEST	
					Check Valve 1 PSI	Check Valve 2
INITIAL TEST	Closed tight <input type="checkbox"/> Leaked <input type="checkbox"/> Reading	Closed tight <input type="checkbox"/> Leaked <input type="checkbox"/> Reading	Opened at ____ lbs. Did not open <input type="checkbox"/>	Opened at ____ lbs. Did not open <input type="checkbox"/>	Bypass Meter Working? Yes <input type="checkbox"/> Bypass Reading: No <input type="checkbox"/> _____	_____
	CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> DISC <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> HINGE PIN <input type="checkbox"/> SEAT <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> MODULE <input type="checkbox"/> OTHER, Describe:	CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> DISC <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> HINGE PIN <input type="checkbox"/> SEAT <input type="checkbox"/> MODULE <input type="checkbox"/> OTHER, Describe:	CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> DISC <input type="checkbox"/> SPRING <input type="checkbox"/> DIAPHRAGM(s) <input type="checkbox"/> O-RING(s) <input type="checkbox"/> SEAT(s) <input type="checkbox"/> MODULE <input type="checkbox"/> OTHER, Describe:	CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> DISC <input type="checkbox"/> SPRING <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> FLOAT <input type="checkbox"/> OTHER, Describe:	Bypass System Connection on Main Body Open? Yes <input type="checkbox"/> No <input type="checkbox"/> Shut-Off Valves on Fire Line: Wire Sealed <input type="checkbox"/> Chain Locked <input type="checkbox"/> Meter Reading: _____ Inlet Water Pressure: ____ lbs. Backflow Assembly Freeze Protected? Yes <input type="checkbox"/> No <input type="checkbox"/> Unauthorized Connections? Yes <input type="checkbox"/> No <input type="checkbox"/> Online Chemical / Fertilizer System? Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
FINAL TEST	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at ____ lbs.	Opened at ____ lbs.	Date of last gauge calibration: ____ / ____ / ____	

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE.

Initial test by (Signature) / (Print Name)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tester No.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mo Day Yr
Repaired by (Signature) / (Print Name)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tester No.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mo Day Yr
Final test by (Signature) / (Print Name)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tester No.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mo Day Yr

Return Form to:

VALENCIA WATER COMPANY
24631 AVENUE ROCKEFELLER
VALENCIA CA 91355