

BACKFLOW PREVENTION DEVICE FIELD TESTING AND MAINTENANCE REPORT

Account No:
Tap No:

Return no later than:

-VALVE INFORMATION-

Manufacturer	Model	Size	Serial Number	At Meter	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, <i>Describe:</i>	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, <i>Describe:</i>	CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> DISC <input type="checkbox"/> SPRING <input type="checkbox"/> DIAPHRAM(s) <input type="checkbox"/> O-RING(s) <input type="checkbox"/> SEAT(s) <input type="checkbox"/> MODULE <input type="checkbox"/> OTHER, <i>Describe:</i>	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, <i>Describe:</i>	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)	[] [] [] [] [] []	Tester No.
Repaired by	[] [] [] [] [] []	Mo Day Yr
Final test by (signature)	[] [] [] [] [] []	Tester No.
	[] [] [] [] [] []	Mo Day Yr

Return Form to:

VALENCIA WATER COMPANY
24631 AVENUE ROCKEFELLER
VALENCIA CA 91355