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 Orange, Ca 92869-3720
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Backflow Prevention Device Test And Maintenance Report

Owner's Name: _____ SERVICE ID: _____

Owner's Address: _____

Service Address: _____

Location of Device: _____

Manufacturer/ Model _____ TYPE _____ SIZE _____ SERIAL NO _____ LINE PRESSURE _____

Reduced Pressure Principle Assembly

RP _____
 DC _____
 PVB _____
 SVB _____
 DCDA _____
 RPDA _____

Double Check Valve Assembly

Initial Test	Check Valve 1	Check Valve 2	Relief Valve	PVB/ SVB
	Held at _____ PSID Leaked _____	Held at _____ PSID Closed Tight _____	Opened At _____ Open _____ PSI	Air Inlet Opened at _____ PSID
		Leaked _____	Did Not Open _____	Did Not Open _____
Repairs Give details of repairs made here	Cleaned _____ Replaced: _____	Cleaned _____ Replaced: _____	Cleaned _____ Replaced: _____	CHECK VALVE Held at _____ PSID Leaked _____
				Cleaned _____
				Replaced _____
Final Test	_____ PSID	_____ PSID Closed Tight _____	Opened At _____ PSI	Air Inlet _____ PSID Check Valve _____ PSID

Comments: _____

Initial Test	Date	Time	Certified Tester No	Passed	Failed
	Tested by (Signature): _____			Print Name: _____	
	Business License No _____			Company Name: _____	
Repair	Date	Time	Certified Tester No	Passed	Failed
	Tested by (Signature): _____			Print Name: _____	
Final Test	Date	Time	Certified Tester No	Passed	Failed
	Tested by (Signature): _____			Print Name: _____	