

Due Date: _____

Signature: Owner / Agent _____



BACKFLOW PREVENTION ASSEMBLY TEST MAINTENANCE REPORT

Account No.: _____ Manufacturer: _____ Size: _____

Meter No.: _____ Model: _____ Serial Number: _____

Service Address: _____ Cage Locked Alarmed

Meter Read: _____ Proper Installation: (Y/N) _____ Detector Flow: (Y/N) _____ Inlet Water Pressure: _____ PSI

Assembly: <input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> DCDA <input type="checkbox"/> RPDA <input type="checkbox"/> DCDA-II <input type="checkbox"/> RPDA-II	REDUCED PRESSURE PRINCIPLE ASSEMBLY			PRESSURE VACUUM BREAKER
	DOUBLE CHECK ASSEMBLY			
		Check Valve #1	Check Valve #2	Relief Valve
Initial Test	<input type="checkbox"/> Tight <input type="checkbox"/> Leaked Holding PSID: _____	<input type="checkbox"/> Tight <input type="checkbox"/> Leaked Holding PSID: _____	<input type="checkbox"/> Did Not Open <input type="checkbox"/> Discharging Opening PSID: _____	<input type="checkbox"/> Did Not Open <input type="checkbox"/> Discharging Opening PSID: _____
REPAIRS	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Rubber Repair Kit <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Rubber Repair Kit <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Rubber Repair Kit <input type="checkbox"/> Other _____ _____	Check Valve Holding PSID: _____ <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Rubber Repair Kit
	When existing backflow assembly is replaced, complete this block and "Final Test" with new assembly information:			
	Final Read:	Size:	Manufacturer:	Model:
Final Test	<input type="checkbox"/> Closed Tight Holding PSID: _____	<input type="checkbox"/> Closed Tight Holding PSID: _____	Opening PSID: _____ Holding PSID: _____	Opening PSID: _____ Holding PSID: _____

Comments: _____

TEST RESULTS - I certify the above to be true and correct.

Initial	Date: Cert. #:	Tested by (print name): Signature:	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
Repair	Date:	Repaired by:	
Final	Date: Cert. #:	Retested by (print name): Signature:	<input type="checkbox"/> Passed <input type="checkbox"/> Failed

ASSEMBLY FAILURE OR CUSTOMER'S FAILURE TO TEST: In accordance with the State and Local Laws, the assembly shall be repaired or replaced within 15 days of failure. Failure of the customer to complete assembly testing and submit report(s) within the stipulated time frame shall result in the discontinuance of water service.

Submit form to: a.mckenzie@westernheightswater.org or mail to Attn: WHWC 32352 Avenue D, Yucaipa, CA 92399