

**BACKFLOW PREVENTION ASSEMBLY
TEST AND MAINTENANCE REPORT**

Due Date:
Account #:

SERVICE ADDRESS:

TYPE:

SERIAL NUMBER:

SIZE:

MANUFACTURER:

MODEL:

DEVICE LOCATION:

TO BE COMPLETED BY A BACKFLOW PREVENTION TESTER POSSESSING A VALID CERTIFICATE OF COMPETENCE ISSUED BY THE COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH.

Device is: Existing New Installation S/N _____ Replacement S/N _____

Type of Service: Domestic Fire Protection Irrigation Plumbing Other _____

Type of Device: RP RPDA DC DCDA PVB SVB

INITIAL TEST <input type="checkbox"/> Passed <input type="checkbox"/> Failed	DCDA / RPDA CHECK VALVE #1 <input type="checkbox"/> Leaked PSID _____	DCDA / RPDA CHECK VALVE #2 <input type="checkbox"/> Leaked PSID _____	RPDA <input type="checkbox"/> Air gap OK Opened at _____ PSID #1 Check _____ PSID	PVB / SVB Air Inlet Opened at _____ PSID <input type="checkbox"/> Did not open
REPAIRS MADE:				
FINAL TEST <input type="checkbox"/> Passed <input type="checkbox"/> Failed	<input type="checkbox"/> Leaked PSID _____	<input type="checkbox"/> Leaked PSID _____	Opened at _____ PSID #1 Check _____ PSID	Opened at _____ PSID Check valve _____ PSID

THE ABOVE REPORT IS CERTIFIED TO BE TRUE AND CORRECT:

Initial Test By (Signature) / Print Name / Date

Repaired By (Signature) / Print Name / Date **(If Necessary)**


Backflow Device Tester Identification #

Final Test By (Signature) / Print Name / Date **(If Necessary)**

Company Completing Testing Requirements / Phone #

Site Contact Name / Phone #

PLEASE MAIL COMPLETED FORM TO:



VALLEY COUNTY WATER DISTRICT
ATTN: CROSS CONNECTION CONTROL
14521 RAMONA BLVD
BALDWIN PARK, CA 91706

DISTRICT CUSTOMER INFORMATION: