

**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

<b>INITIAL TEST</b>	<b>DCDA / RPDA CHECK VALVE #1</b>	<b>DCDA / RPDA CHECK VALVE #2</b>	<b>RPDA</b>	<b>PVB / SVB Air Inlet</b>
<input type="checkbox"/> Passed	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Air gap OK	Opened at _____ PSID
<input type="checkbox"/> Failed	PSID _____	PSID _____	Opened at _____ PSID	<input type="checkbox"/> Did not open
			#1 Check _____ PSID	
<b>REPAIRS MADE:</b>				
<b>FINAL TEST</b>				
<input type="checkbox"/> Passed	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	Opened at _____ PSID	Opened at _____ PSID
<input type="checkbox"/> Failed	PSID _____	PSID _____	#1 Check _____ 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  
5121 Lante Street  
BALDWIN PARK, CA 91706

**DISTRICT CUSTOMER INFORMATION:**