



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

PLEASE SEND REPORT TO

Pico Water District- PO BOX 758, Pico Rivera, CA 90660

Assembly ID	0	Facility Name		Return Form By:	
Acct Number		Meter #			
Service Address				Schedule Code	
				Assembly Info	(Replacement/Correction)
Equip Location				SN	<input type="checkbox"/>
Location ID				Mfr	<input type="checkbox"/>
Contact Name		Ph		Type	<input type="checkbox"/>
Map Page		#2		Size	<input type="checkbox"/>
				Model	<input type="checkbox"/>
				Install Date	
				Permit Num	
Containment		Hazard Type		Haz. Level	

REQUIREMENTS		Yes	No		Yes	No
1. Is the device installed per:		<input type="checkbox"/>	<input type="checkbox"/>	3. Is there PVC Pipe between Meter and Backflow Preventer?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a strainer or Pressure Regulator between Meter and Backflow Preventer?		<input type="checkbox"/>	<input type="checkbox"/>	4. Is there a Tee between Meter and Backflow Preventer?	<input type="checkbox"/>	<input type="checkbox"/>

Line pressure at time of test: _____

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut Off Valves		
Initial Test	<input type="checkbox"/> Held at PSID Apparent _____ Actual _____	<input type="checkbox"/> Held at _____ PSID <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Opened at _____ PSID <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Air Inlet Opened at _____ PSID <input type="checkbox"/> Did not Open <input type="checkbox"/> Check Held at _____ PSID <input type="checkbox"/> Leaked	Closed Tight Leaked	#1 <input type="checkbox"/>	#2 <input type="checkbox"/>
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked				#1 <input type="checkbox"/>	#2 <input type="checkbox"/>
REPAIR	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Diaphragm <input type="checkbox"/> Module <input type="checkbox"/> _____	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Module <input type="checkbox"/> _____	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> _____	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Air Inlet Disc <input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Check Disc <input type="checkbox"/> Check Spring <input type="checkbox"/> Float <input type="checkbox"/> Diaphragm <input type="checkbox"/> _____	CLEANED REPLACED REPAIR Other	#1 <input type="checkbox"/>	#2 <input type="checkbox"/>
	Other/Notes: _____					#1 <input type="checkbox"/>	#2 <input type="checkbox"/>

Final Test	<input type="checkbox"/> Held at PSID Apparent _____ Actual _____	_____ PSID <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Opened at _____ PSID	Air Inlet _____ PSID CK Valve _____ PSID	Closed Tight <input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

Initial Test By	Certificate	Date:	Gauge Num	Time In	Time Out	Company	Phone
Final Test By							
Repair By							