

Backflow Prevention Device Test and Maintenance Report

REDUCED PRESSURE PRINCIPLE ASSEMBLY						
DOUBLE CHECK VALVE ASSEMBLY						
	CHECK VALUE #1		CHECK VALUE #2		DP RELIEF VALVE	
INITIAL TEST	HELD AT _____ PSID LEAKED <input type="checkbox"/>		HELD AT _____ PSID CLOSED TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/>		OPENED @ _____ PSID DID NOT OPEN <input type="checkbox"/>	
R E P A I R S	_____ C <input type="checkbox"/>	_____ R <input type="checkbox"/>	_____ C <input type="checkbox"/>	_____ R <input type="checkbox"/>	_____ C <input type="checkbox"/>	_____ R <input type="checkbox"/>
	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
Complete <i>this block</i> and "FINAL TEST" with new assembly information when existing backflow assembly is replaced. Size: _____ Manufacturer: _____ Model: _____ Serial Number: _____						
FINAL TEST	Holding PSI _____		Tight Holding PSI _____ <input type="checkbox"/>		Opening PSI _____	

Comments: _____

The cross connection control device detailed on the top portion of this form has been tested and maintained as required by (Title 17 Chapter V Sec. 7605) of the (California Administration Code) and is certified to comply with these regulations.

INITIAL TEST BY: _____ CERTIFIED TESTER NO. _____
 DATE: _____

REPAIRED BY: _____

FINAL TEST BY: _____ CERTIFIED TESTER NO. _____
 DATE: _____

MAIL TO: CITY OF REDLANDS, P.O. BOX 3005
 REDLANDS, CALIFORNIA 92373
 ATTN. CROSS CONNECTION CONTROL DIVISION

A copy of this report shall be kept by both the owner and the certified tester for a period of not less than three years from report date.