

BACKFLOW PREVENTION ASSEMBLY TEST & MAINTENANCE REPORT



RETURN COMPLETED TEST REPORT TO:
 Backflow Department
 PO Box 719003
 Santee CA 92072
 Email backflow@padre.org
 Phone (619) 258-4731 Fax (619) 258-0902

MAILING ADDRESS:

SERVICE ADDRESS:

ACCOUNT #:		CUSTOMER:	
SERVICE TYPE:		METER # / SIZE:	
BFP LOCATION:			ASSEMBLY INFO: (Tester: Please note any changes.)
DATE MAILED:			SERIAL NUMBER:
DUE DATE:			MAKE/MODEL:
Tester Notes/Comments:			SIZE:
			TYPE:
			INSTALL DATE:

Water pressure at time of test:	PSI	REPORT OF TEST RESULTS															
	Check Valve #1	Check Valve #2	Relief Valve	PVB	Shut Off Valves												
INITIAL TEST	Held At _____ PSID Apparent _____ Actual _____ <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held At _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Opened At _____ PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/> Fouled	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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 25%; text-align: center;">#1</td> <td style="width: 25%; text-align: center;">#2</td> </tr> <tr> <td style="text-align: center;">Closed Tight</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Leaked</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		#1	#2	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>	Leaked	<input type="checkbox"/>	<input type="checkbox"/>		
	#1	#2															
Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>															
Leaked	<input type="checkbox"/>	<input type="checkbox"/>															
REPAIR	<input type="checkbox"/> CLEANED REPLACED: <input type="checkbox"/> Disc <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Rubber Kit <input type="checkbox"/> _____	<input type="checkbox"/> CLEANED REPLACED: <input type="checkbox"/> Disc <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Rubber Kit <input type="checkbox"/> _____	<input type="checkbox"/> CLEANED REPLACED: <input type="checkbox"/> Disc <input type="checkbox"/> Diaphragm <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Rubber Kit <input type="checkbox"/> _____	CLEANED REPLACED REPAIR Other	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 25%; text-align: center;">#1</td> <td style="width: 25%; text-align: center;">#2</td> </tr> <tr> <td style="text-align: center;">CLEANED</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">REPLACED</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">REPAIR</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		#1	#2	CLEANED	<input type="checkbox"/>	<input type="checkbox"/>	REPLACED	<input type="checkbox"/>	<input type="checkbox"/>	REPAIR	<input type="checkbox"/>	<input type="checkbox"/>
	#1	#2															
CLEANED	<input type="checkbox"/>	<input type="checkbox"/>															
REPLACED	<input type="checkbox"/>	<input type="checkbox"/>															
REPAIR	<input type="checkbox"/>	<input type="checkbox"/>															
FINAL TEST	_____ PSID Apparent _____ Actual _____ <input type="checkbox"/> Closed Tight	_____ PSID <input type="checkbox"/> Closed Tight	Opened At _____ PSID	Closed Tight PASS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 25%; text-align: center;">#1</td> <td style="width: 25%; text-align: center;">#2</td> </tr> <tr> <td style="text-align: center;">Closed Tight</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">PASS</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		#1	#2	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>	PASS	<input type="checkbox"/>	<input type="checkbox"/>			
	#1	#2															
Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>															
PASS	<input type="checkbox"/>	<input type="checkbox"/>															

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

Test Date	Signatures	Print Name	Company Name	Certificate #	Gauge #	Pass/Fail
		Initial Test By				
		Repair Test By				
		Final Test By				