

BACKFLOW PREVENTION ASSEMBLY TEST & MAINTENANCE REPORT



RETURN COMPLETED TEST REPORT TO: **MAILING ADDRESS:**
 Backflow Department
 PO Box 719003
 Santee CA 92072
 Email backflow@padre.org
 Phone (619) 258-4653 Fax (619) 258-0902 **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		
	Held At _____ PSID	Held At _____ PSID	Opened At _____ PSID	Air Inlet Opened At _____ PSID		#1	#2
INITIAL TEST	Apparent _____ Actual _____ <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Did Not Open <input type="checkbox"/> Fouled	<input type="checkbox"/> Did Not Open <input type="checkbox"/> Check Held At _____ PSID <input type="checkbox"/> Leaked	Closed Tight Leaked	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
R E P A I R	<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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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	<input type="checkbox"/> <input type="checkbox"/>	<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				