

BACKFLOW PREVENTION ASSEMBLY TEST REPORT



Please return to: **Dan Daniel**
 c/o Camrosa Water District
 7385 Santa Rosa Road
 Camarillo, CA 93012

Test Due Date: _____ Deadline Date: _____ Account #: _____

Name Of Premise : _____ Commercial Residential

Service Address: _____ City: _____ Zip: _____

Contact Person: _____ Phone: _____ FAX: _____

Location of Assembly: _____

DCVA RPBA PVBA Other: _____

New Installation Existing Replacement New Assembly Serial No: _____

PLEASE, supply any missing device information!

Assy. Make: _____ Model: _____ Serial No: _____ Size: _____

INITIAL TEST	<u>DCVA/RPBA CHECK VALVE NO.1</u>	<u>DCVA/RPBA CHECK VALVE NO.2</u>	<u>RPBA RELIEF</u>	<u>PVBA AIR INLET</u>
PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> _____ PSID	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> _____ PSID	Opened At _____ PSID #1 Check _____ PSID AIR GAP OK? _____	Opened At _____ PSID DID NOT OPEN <input type="checkbox"/>
NEW PARTS REPAIRS	CLEAN REPLACE PART <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"/>	CLEAN REPLACE PART <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"/>	CLEAN REPLACE PART <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"/>	<u>CHECK VALVE</u>
TEST AFTER REPAIRS	CLOSED TIGHT <input type="checkbox"/> _____ PSID	CLOSED TIGHT <input type="checkbox"/> _____ PSID	Opened At _____ PSID #1 Check _____ PSID	Held At _____ PSID Leaked <input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/> Air Inlet _____ PSID Chk Valve _____ PSID

Line Pressure _____ PSI

Remarks: _____

Tester's Signature _____ Tester No. _____ Date _____

Tester's Name Printed _____ Tester's Phone # () _____

Repaired By _____ Tester No. _____ Date _____

Final Test By _____ Tester No. _____ Date _____

Gage Calibration Date ____/____/____ Water Service Restored YES NO

CAMROSA WATER DISTRICT PHONE # (805) 482 - 4016 FAX # (805) 987- 4797 Email: dand@camrosa.com

For Certified Tester List go to: <http://www.ventura.org/rma/envhealth/index.htm>

Under Environmental Health Updates, look for **Certified Backflow Device Testers**.