

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

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

Name of Premise : _____ Commercial Residential

Service Address: _____ City: _____ ZIP: _____

Contact Person: _____ Phone: _____ FAX: _____

Location of Assembly: _____

Device Type 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 PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	<u>DCVA/RPBA CHECK VALVE NO.1</u> Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> _____ PSID	<u>DCVA/RPBA CHECK VALVE NO.2</u> Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> _____ PSID	<u>RPBA RELIEF</u> Opened At _____ PSID #1 Check _____ PSID AIR GAP OK? _____	<u>PVBA AIR INLET</u> 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"/>
TEST AFTER REPAIRS	CLOSED TIGHT <input type="checkbox"/> _____ PSID	CLOSED TIGHT <input type="checkbox"/> _____ PSID	Opened At _____ PSID #1 Check _____ PSID	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 _____

Please return, email, or fax to: Bill Keyes PHONE # (805) 482-9625	c/o Camrosa Water District 7385 Santa Rosa Road Camarillo, CA 93012	FAX # (805) 987-4797 Email: billk@camrosa.com
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For Certified Tester List go to: http://www.ventura.org/rma/envhealth/EHD_FACILITY_LISTS/backflow_testers.pdf