



BACKFLOW PREVENTION DEVICE FIELD TESTING & MAINTENANCE REPORT

1717 E. Miraloma Ave., Placentia, P.O. Box 309,
Yorba Linda, California 92885-0309

Phone: (714) 701-3100
Fax : (714) 701-3108

ACCOUNT NUMBER:

OWNER:

ADDRESS:

DEVICE LOCATION:

Manufacturer:

Type:

Size:

Serial #:

RP DC DCDA PVB

	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL RELIEF VALVE	AIR INLET VALVE
INITIAL TEST	HELD AT LEAKED PSID <input type="checkbox"/>	HELD AT CLOSED TIGHT LEAKED PSID <input type="checkbox"/>	OPENED AT DID NOT OPEN PSID <input type="checkbox"/>	OPENED AT DID NOT OPEN PSID <input type="checkbox"/>

RESULTS: PASSED FAILED **THIS DEVICE MUST BE TESTED ON OR BEFORE:**

R	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
E	REPLACED: DISC <input type="checkbox"/>	REPLACED: DISC <input type="checkbox"/>	REPLACED: DISC <input type="checkbox"/>	REPLACED: DISC <input type="checkbox"/>
P	SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	UPPER <input type="checkbox"/>	DIAPHRAGM <input type="checkbox"/>
A	GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	LOWER <input type="checkbox"/>	FLOAT <input type="checkbox"/>
I	PIN RETAINER <input type="checkbox"/>	PIN RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>
R	HINGE PIN <input type="checkbox"/>	HINGE PIN <input type="checkbox"/>	DIAPHRAGM <input type="checkbox"/>	SEAT <input type="checkbox"/>
S	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
S	DIAPHRAGM <input type="checkbox"/>	DIAPHRAGM <input type="checkbox"/>		
S	OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>		

COMMENTS:

FINAL TEST	HELD AT PSID <input type="checkbox"/>	HELD AT CLOSED TIGHT PSID <input type="checkbox"/>	OPENED AT PSID <input type="checkbox"/>	OPENED AT PSID <input type="checkbox"/>
------------	--	---	--	--

THE ABOVE REPORT IS CERTIFIED TO BE TRUE.

FINAL RESULTS: PASSED FAILED

TESTER'S SIGNATURE _____ PRINT NAME _____ TESTER NUMBER _____ DATE _____

TESTER'S FIRM _____ () _____
PHONE NUMBER

ADDRESS _____ CITY STATE ZIP _____

NOTES: TESTER'S SIGNATURE AFFIXED TO THIS FORM CERTIFIES THE ABOVE DATA TO BE CORRECT. TO ENSURE YOUR FILE IS PROPERLY UPDATED, PLEASE USE THIS FORM **ONLY** FOR YORBA LINDA WATER DISTRICT