

BACKFLOW PREVENTION DEVICE FIELD TESTING & MAINTENANCE REPORT

DATE:

OWNER:

ADDRESS:

ACCOUNT NUMBER

SERIAL NUMBER

DEVICE LOCATION:

Manufacturer:

Model:

Type:

Size:

	CHECK VALVE #1		CHECK VALVE #2		DIFFERENTIAL RELIEF VALVE		AIR INLET/BYPASS CHECK VALVE	
INITIAL TEST	HELD AT LEAKED	PSID ☐	HELD AT CLOSED TIGHT LEAKED	PSID ☐ ☐	OPENED AT DID NOT OPEN	PSID ☐	OPENED/HELD AT LEAKED	PSID ☐
RESULTS: PASSED ☐ FAILED ☐					TEST DUE DATE:			
R E P A I R S	CLEANED	☐	CLEANED	☐	CLEANED	☐	CLEANED	☐
	REPLACED:		REPLACED:		REPLACED:		REPLACED:	
	DISC	☐	DISC	☐	DISC	☐	DISC	☐
	SPRING	☐	SPRING	☐	UPPER	☐	DIAPHRAGM	☐
	GUIDE	☐	GUIDE	☐	LOWER	☐	FLOAT	☐
	PIN RETAINER	☐	PIN RETAINER	☐	SPRING	☐	SPRING	☐
	HINGE PIN	☐	HINGE PIN	☐	DIAPHRAGM	☐	SEAT	☐
	SEAT	☐	SEAT	☐			GUIDE	☐
DIAPHRAGM	☐	DIAPHRAGM	☐			PIN RETAINER	☐	
OTHER	☐	OTHER	☐	OTHER		OTHER	☐	
COMMENTS:								
FINAL TEST	HELD AT CLOSED TIGHT	PSID ☐	HELD AT CLOSED TIGHT	PSID ☐	OPENED AT	PSID ☐	OPENED/HELD AT	PSID ☐

THE ABOVE REPORT IS CERTIFIED TO BE TRUE.

FINAL RESULTS:

PASSED ☐

FAILED ☐

Print Name

Tester Number

Tester Signature

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 THE YORBA LINDA WATER DISTRICT.