

## BACKFLOW PREVENTION DEVICE FIELD TESTING & MAINTENANCE REPORT

DATE:

ACCOUNT NUMBER:

OWNER:

SERVICE ADDRESS:

ADDRESS:

DEVICE LOCATION:

Manufacturer:

Type:

Size:

Serial #:

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

THE ABOVE REPORT IS CERTIFIED TO BE TRUE.

FINAL RESULTS:

PASSED FAILED 

TESTER'S SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

AWWA TESTER NUMBER \_\_\_\_\_

DATE \_\_\_\_\_

TEST DEVICE SERIAL NUMBER \_\_\_\_\_

CALIBRATION DATE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

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.