

## 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 <input type="checkbox"/>	HELD AT CLOSED TIGHT LEAKED <input type="checkbox"/>	OPENED AT DID NOT OPEN <input type="checkbox"/>	OPENED/HELD AT DID NOT OPEN <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"/> REPLACED: DISC <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> PIN RETAINER <input type="checkbox"/> HINGE PIN <input type="checkbox"/> SEAT <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> OTHER <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED: DISC <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> PIN RETAINER <input type="checkbox"/> HINGE PIN <input type="checkbox"/> SEAT <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> OTHER <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED: DISC <input type="checkbox"/> UPPER <input type="checkbox"/> LOWER <input type="checkbox"/> SPRING <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> OTHER <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED: DISC <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> FLOAT <input type="checkbox"/> SPRING <input type="checkbox"/> SEAT <input type="checkbox"/> GUIDE <input type="checkbox"/> PIN RETAINER <input type="checkbox"/> HINGE PIN <input type="checkbox"/> OTHER <input type="checkbox"/>
COMMENTS: _____				
FINAL TEST DATE: _____	HELD AT <input type="checkbox"/>	HELD AT CLOSED TIGHT <input type="checkbox"/>	OPENED AT <input type="checkbox"/>	OPENED/HELD AT <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.