

Backflow Prevention Assembly Test Report

Service Address _____

Location: _____

Verify Assembly information, Note Any Corrections

Serial #: _____

Manufacturer: _____

Mailing Address _____

Model: _____

Type: _____

Size: _____

Orientation: _____

Meter#: _____

Protection: _____

Mailing Phone: _____

(Service, Internal)

Test Due No Later Than	Existing <input type="checkbox"/>	Removed <input type="checkbox"/>	Commercial <input type="checkbox"/>	Residential <input type="checkbox"/>	Construction <input type="checkbox"/>	Domestic <input type="checkbox"/>	Irrigation <input type="checkbox"/>	Fire <input type="checkbox"/>
	New <input type="checkbox"/>	Replaced <input type="checkbox"/>	Industrial <input type="checkbox"/>					

Attention	Reduced Pressure Principle Assembly			Air Gap Required Separation Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do Not Use Black Ink	Double Check Valve Assembly			PVB/SVB	
<small>CA-NV AWWA or ABPA Certification Required</small>	Check Valve #1	Check Valve #2	Relief Valve	Air Inlet	Check Valve
INITIAL TEST	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
Line Pressure _____	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at _____ PSID	Opened at _____ PSID	Held at _____ PSID
Meter Read _____	Held at _____ PSID	Held at _____ PSID		Observed Fully Open <input type="checkbox"/>	
Pass <input type="checkbox"/> Fail <input type="checkbox"/>					

****NOTIFY CAL WATER IF FAILED ASSEMBLIES CANNOT BE REPAIRED WITHIN 3 DAYS- CALL PRIOR TO REPLACING A FAILED DOUBLE CHECK****

REPAIRS	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>
Date _____	Repaired <input type="checkbox"/>	Repaired <input type="checkbox"/>	Repaired <input type="checkbox"/>	Repaired <input type="checkbox"/>	Repaired <input type="checkbox"/>
Time _____	Parts Replaced: _____	Parts Replaced: _____	Parts Replaced: _____	Parts Replaced: _____	Parts Replaced: _____
Repaired By: _____	_____	_____	_____	_____	_____

FINAL TEST	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
Line Pressure _____	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at _____ PSID	Opened at _____ PSID	Held at _____ PSID
Meter Read _____	Held at _____ PSID	Held at _____ PSID		Observed Fully Open <input type="checkbox"/>	
Pass <input type="checkbox"/> Fail <input type="checkbox"/>					

Initial Tester: _____	INITIAL TEST	AWWA or ABPA Tester #: _____	Yes No
Test Kit Serial #: _____		Calibration Date #: _____	Proper Installation <input type="checkbox"/> <input type="checkbox"/>
Date: _____		Time: _____	RV Exercised Before Test <input type="checkbox"/> <input type="checkbox"/>
Signature: _____		Phone: _____	S.O.V. Closed On Arrival <input type="checkbox"/> <input type="checkbox"/>
<small>I certify all information on this report is true and accurate, acknowledging incomplete reports will not be accepted.</small>			Service Restored <input type="checkbox"/> <input type="checkbox"/>

*Final Tester: _____	FINAL TEST	*AWWA or ABPA Tester #: _____	Yes No
*Test Kit Serial #: _____		*Calibration Date #: _____	S.O.V. Closed On Arrival <input type="checkbox"/> <input type="checkbox"/>
Date: _____		Time: _____	Service Restored <input type="checkbox"/> <input type="checkbox"/>
*Signature: _____		*Phone: _____	
<small>I certify all information on this report is true and accurate, acknowledging incomplete reports will not be accepted.</small>			

Comments: _____

Return completed
Test Report to:



CALIFORNIA WATER SERVICE COMPANY