



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Crescenta Valley Water District

Assembly ID		Facility Name	
Acct Number		Meter #	
Service Address			Schedule Code
			Assembly Info (Replacement/Correction)
Equip Location		SN	<input type="checkbox"/>
Location ID		Containment	Mfr <input type="checkbox"/>
Contact Name		Ph	Type <input type="checkbox"/>
Map Page		#2	Size <input type="checkbox"/>
			Model <input type="checkbox"/>
			Install Date
			Permit Num
<input type="checkbox"/> Confinement	<input type="checkbox"/> Freeze Protection	Hazard Type	Haz. Level

Line pressure at time of test: _____ **REPORT OF TEST RESULTS** Approved BFP

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut Off Valves							
Initial Test	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Opened at _____ PSID	<input type="checkbox"/> Air Inlet Opened at _____ PSID	Closed Tight <input type="checkbox"/>	#1 <input type="checkbox"/>						
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight		Opened Fully Y <input type="checkbox"/> N <input type="checkbox"/>			Leaked <input type="checkbox"/>	#2 <input type="checkbox"/>				
Pass	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Check Held at _____ PSID								
Fail				<input type="checkbox"/> Leaked								
R E P A I R	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> REPAIR <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Air Inlet Disc			<input type="checkbox"/>					
	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Air Inlet Spring				<input type="checkbox"/>				
	<input type="checkbox"/> Guide	<input type="checkbox"/> Guide	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Check Disc					<input type="checkbox"/>			
	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Check Spring						<input type="checkbox"/>		
	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> Float							<input type="checkbox"/>	
	<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> Diaphragm								<input type="checkbox"/>
	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit								
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>								
Other/Notes: _____												

Final Test	_____ PSID	_____ PSID	_____ PSID	Opened Fully Y <input type="checkbox"/> N <input type="checkbox"/>	Air Inlet _____ PSID	Closed Tight <input type="checkbox"/>
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> _____ PSID		CK Valve _____ PSID	Pass <input type="checkbox"/>

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

1A

Initial Test By	Certificate	Test Date:	Gauge Num	Time In	Time Out	Company	Phone
Final Test By							
Repair By							