

CITY OF HUNTINGTON BEACH WATER DEPARTMENT BACKFLOW DEVICE TEST REPORT

[] **NEW INSTALLATION** [] **REPLACEMENT**

SERIAL # OF OLD DEVICE: _____

Facility Name _____ Address _____

Device Location: _____ Device Serves: _____

Meter#: _____ Type: _____ Size: _____ Mfg: _____ Model: _____ New Serial#: _____

Passed []

Fail []

Return completed form by fax at (714) 375-5159 **OR**
 return to: City of Huntington Beach, Attn: Utilities Div. - CC
 P.O. Box 190, Huntington Beach, CA 92648

BACKFLOW PREVENTION DEVICE FIELD TESTING AND MAINTENANCE REPORT

REDUCED PRESSURE PRINCIPLE ASSEMBLY				LINE PRESSURE
DOUBLE CHECK VALVE ASSEMBLY				_____
INITIAL TEST	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	PVB/SVB AIR INLET
		Held at _____ PSID LEAKED <input type="checkbox"/>	Held at _____ PSID CLOSED TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/>	Opened at _____ PSID DID NOT OPEN <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"/>	CHECK VALVE Held at _____ PSID LEAKED <input type="checkbox"/>
R	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC(S) <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> DISC <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> FLOAT <input type="checkbox"/> SPRING <input type="checkbox"/> OTHER <input type="checkbox"/> DESCRIBE: <input type="checkbox"/>
E	SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	
P	GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	DIAPHRAGM <input type="checkbox"/>	
A	HINGE PIN <input type="checkbox"/>	HINGE PIN <input type="checkbox"/>	SEAT(S) <input type="checkbox"/>	
I	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	O-RING(S) <input type="checkbox"/>	
R	MODULE <input type="checkbox"/>	MODULE <input type="checkbox"/>	MODULE <input type="checkbox"/>	
S	OTHER <input type="checkbox"/> DESCRIBE: <input type="checkbox"/>	OTHER <input type="checkbox"/> DESCRIBE: <input type="checkbox"/>	OTHER <input type="checkbox"/> DESCRIBE: <input type="checkbox"/>	
FINAL TEST	Held at _____ PSID	Held at _____ PSID CLOSED TIGHT <input type="checkbox"/>	Opened at _____ PSID	Air Inlet _____ PSID Check Valve _____ PSID

Comments _____

The above report is certified to be true.

INITIAL TEST (SIGNATURE) _____ PRINT NAME _____ CERT TESTER NO. _____ DATE _____

FINAL TEST/REPAIRS (SIG) _____ PRINT NAME _____ CERT TESTER NO. _____ DATE _____