



ROWLAND WATER DISTRICT

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

RETURN COMPLETED FORM TO:

3021 FULLERTON ROAD, ROWLAND HEIGHTS, CA 91748

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

Line pressure at time of test: _____		REPORT OF TEST RESULTS				<input type="checkbox"/> 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		#1	#2
Pass	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Did not Open	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>
Fail	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked		<input type="checkbox"/> Check Held at _____ PSID	Leaked	<input type="checkbox"/>	<input type="checkbox"/>
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 REPLACED REPAIR	<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"/>
	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Air Inlet Spring		<input type="checkbox"/>	<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"/>
	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Check Spring		<input type="checkbox"/>	<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"/>
	<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> Diaphragm		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit	Other	<input type="checkbox"/>	<input type="checkbox"/>
	Other/Notes: _____					<input type="checkbox"/> USC 10th Edit.	
Final Test	_____ PSID	_____ PSID	<input type="checkbox"/> Opened at _____ PSID	Air Inlet _____ PSID	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	_____ PSID	CK Valve _____ PSID	Pass	<input type="checkbox"/>	

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

1A

Print Name:	Certificate #:	Date:	Gauge #:		Company Name:	Phone #:
Final Test By:						
Repair By:						