



**BACKFLOW PREVENTION DEVICE  
FIELD TESTING & MAINTENANCE REPORT**

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Phone: (714) 701-3100

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ACCOUNT NUMBER:

OWNER:

ADDRESS:

DEVICE LOCATION:

Manufacturer:

Model:

Size:

Serial #:

Type:

RP  DC  DCDA  PVB  RPDA

	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL RELIEF VALVE	AIR INLET VALVE
INITIAL TEST	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"/>	OPENED AT PSID DID NOT OPEN <input type="checkbox"/>
RESULTS:	PASSED <input type="checkbox"/>	FAILED <input type="checkbox"/>	<b>THIS DEVICE MUST BE TESTED ON OR BEFORE:</b>	
R E P A I R S	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
	REPLACED: DISC <input type="checkbox"/>	REPLACED: DISC <input type="checkbox"/>	REPLACED: DISC <input type="checkbox"/>	REPLACED: DISC <input type="checkbox"/>
	SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	UPPER <input type="checkbox"/>	DIAPHRAGM <input type="checkbox"/>
	GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	LOWER <input type="checkbox"/>	FLOAT <input type="checkbox"/>
	PIN RETAINER <input type="checkbox"/>	PIN RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>
	HINGE PIN <input type="checkbox"/>	HINGE PIN <input type="checkbox"/>	DIAPHRAGM <input type="checkbox"/>	SEAT <input type="checkbox"/>
	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>		
	DIAPHRAGM <input type="checkbox"/>	DIAPHRAGM <input type="checkbox"/>		
	OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
COMMENTS:				
FINAL TEST	HELD AT PSID CLOSED TIGHT <input type="checkbox"/>	HELD AT PSID CLOSED TIGHT <input type="checkbox"/>	OPENED AT PSID	OPENED AT PSID

THE ABOVE REPORT IS CERTIFIED TO BE TRUE.

FINAL RESULTS

PASSED

FAILED

TESTER'S SIGNATURE

PRINT NAME

TESTER NUMBER

DATE

TESTER'S FIRM

( )  
PHONE NUMBER

ADDRESS

CITY STATE ZIP

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 YORBA LINDA WATER DISTRICT