



CITY OF SANTA ANA
Public Works Agency
Water Quality & Measurement Control
220 S. Daisy Avenue, Building A
Santa Ana, CA 92703



BACKFLOW PREVENTION DEVICE TEST AND MAINTENANCE REPORT

| | | | | | | | |
|---|---|---|---|--|--------------------------|--------------------------|--------------------------|
| Facility Name | | | | | | | |
| Service Address | | | | | | | |
| Owner's Address | | | | | | | |
| City-State-Zip | | | | | | Assembly Info | |
| Location | | | | SN | <input type="checkbox"/> | | |
| Contract Name | | | | Mfg | <input type="checkbox"/> | | |
| | | | | Type | <input type="checkbox"/> | | |
| | | Emergency Ph: | | Size | <input type="checkbox"/> | | |
| | | | | Model | <input type="checkbox"/> | | |
| <input type="checkbox"/> Meter Protection | <input type="checkbox"/> Irrigation | <input type="checkbox"/> Fire Line | <input type="checkbox"/> Other | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> Line pressure at time of test: _____ </div> <div> REPORT OF TEST RESULTS </div> </div> | | | | | | | |
| | Check Valve #1 | Check Valve #2 | Relief Valve | PVB/SVB | Shut Off Valves | | |
| | <input type="checkbox"/> Held at _____ PSID | <input type="checkbox"/> Held at _____ PSID | <input type="checkbox"/> Opened at _____ PSID | <input type="checkbox"/> Air Inlet Opened _____ PSID | | #1 | #2 |
| Initial Test | <input type="checkbox"/> Closed Tight | <input type="checkbox"/> Closed Tight | | <input type="checkbox"/> Did not Open | Closed Tight | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> Failed | <input type="checkbox"/> Failed | <input type="checkbox"/> Did Not Open | <input type="checkbox"/> Check Held at _____ PSID | Leaked | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> Leaked | <input type="checkbox"/> Leaked | | <input type="checkbox"/> Failed | | | |
| | | | | <input type="checkbox"/> Leaked | | | |
| | <input type="checkbox"/> CLEANED | <input type="checkbox"/> CLEANED | <input type="checkbox"/> CLEANED | <input type="checkbox"/> CLEANED | CLEANED | <input type="checkbox"/> | <input type="checkbox"/> |
| | REPLACED | REPLACED | REPLACED | REPLACED | REPLACED | <input type="checkbox"/> | <input type="checkbox"/> |
| R | <input type="checkbox"/> Disc | <input type="checkbox"/> Disc | <input type="checkbox"/> Disc | <input type="checkbox"/> Air Inlet Disc | REPAIR | <input type="checkbox"/> | <input type="checkbox"/> |
| E | <input type="checkbox"/> Spring | <input type="checkbox"/> Spring | <input type="checkbox"/> Spring | <input type="checkbox"/> Air Inlet Spring | | | |
| P | <input type="checkbox"/> Guide | <input type="checkbox"/> Guide | <input type="checkbox"/> Diaphragm | <input type="checkbox"/> Check Disc | | | |
| A | <input type="checkbox"/> Seat | <input type="checkbox"/> Seat | <input type="checkbox"/> Seat | <input type="checkbox"/> Check Spring | | | |
| I | <input type="checkbox"/> Hinge Pin | <input type="checkbox"/> Hinge Pin | <input type="checkbox"/> O-Ring(s) | <input type="checkbox"/> Float | | | |
| R | <input type="checkbox"/> Diaphragm | <input type="checkbox"/> Module | <input type="checkbox"/> Module | <input type="checkbox"/> Diaphragm | | | |
| | <input type="checkbox"/> Module | | | | | | |
| | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | Other | <input type="checkbox"/> | <input type="checkbox"/> |
| | Other/Notes: | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Final Test | <input type="checkbox"/> Closed Tight | <input type="checkbox"/> Closed Tight | <input type="checkbox"/> Opened at _____ PSID | Air Inlet _____ PSID | | | |
| | <input type="checkbox"/> Closed Tight | <input type="checkbox"/> Closed Tight | _____ PSID | CK Valve _____ PSID | Closed Tight | <input type="checkbox"/> | <input type="checkbox"/> |

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

| | | | | | | |
|------------------|-------------|-------|----------|---------|------------------|--------|
| Initial Test By: | Certificate | Date: | Time In: | Company | Business License | Phone: |
| Final Test By: | | | | | | |
| Repaired By: | | | | | | |