

**CITY OF BRAWLEY**

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**Backflow Prevention Assembly**

**Test Report**

Mailing Address

Service Address

Address:

Company:

Hazard:

Location:

Serial #:

Manufacturer:

Model:

Type:

Size:

Hazard #:

<b>Reduced Pressure Principle Assembly</b>				RP <input type="checkbox"/> DCDA <input type="checkbox"/> DC <input type="checkbox"/> RPDA <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap <input type="checkbox"/> SVB <input type="checkbox"/> AVB <input type="checkbox"/>
<b>Double Check Valve Assembly</b>				
	<b>Check Valve #1</b>	<b>Check Valve #2</b>	<b>Relief Valve</b>	<b>PVB/SVB</b>
<b>Initial Test</b>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did not Open <input type="checkbox"/>	<b>AIR INLET</b>
	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at _____ PSID	Did not Open <input type="checkbox"/>
<b>Repairs</b>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	<b>CHECK VALVE</b>
	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>	Leaked <input type="checkbox"/>
<b>Details</b>				Held at _____ PSID
				Cleaned <input type="checkbox"/>
				Replaced <input type="checkbox"/>
<b>Final Test</b>	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at _____ PSID	<b>AIR INLET</b>
	Held at _____ PSID	Held at _____ PSID		Opened at _____ PSID
				<b>CHECK VALVE</b>
				Held at _____ PSID

**Comments**

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\_\_\_\_\_

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\_\_\_\_\_

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The above report is certified to be true.

Line Pressure \_\_\_\_\_

Meter Reading \_\_\_\_\_

Held Backpressure \_\_\_\_\_

#2 Shutoff \_\_\_\_\_

Relief Valve Exercised \_\_\_\_\_

	Date/Time	Tester	Signature	Tester #	Test Kit #	Passed	Failed
<b>Initial Test</b>						<input type="checkbox"/>	<input type="checkbox"/>
<b>Repairs</b>						<input type="checkbox"/>	<input type="checkbox"/>
<b>Final Test</b>						<input type="checkbox"/>	<input type="checkbox"/>