



Backflow Prevention Assembly Test Report

Please Return this form to:
Backflow Prevention Program
Utilities - WGW Operations
P.O. Box 10250
Palo Alto, CA 94303
Ph. 650-496-5926

I. General Information

Contact Person:		Phone Number:	
Name of Facility:		Address:	
Location of Assembly:		Domestic <input type="checkbox"/> Fire Service <input type="checkbox"/> Irrigation <input type="checkbox"/>	Date of Install:
Manufacturer:	Model:	Serial Number:	Size:
Palo Alto Water Meter #:		Test Gauge Model:	
RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> SVB <input type="checkbox"/> DCDA <input type="checkbox"/> RPDA <input type="checkbox"/>		External <input type="checkbox"/> Internal <input type="checkbox"/> If internal, is this the principal device on this service? Yes <input type="checkbox"/> No <input type="checkbox"/>	

II. Test & Repair Information

	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Pressure Vacuum Breaker
Test Results	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Pressure drop across first Check Valve _____ PSID	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Open at _____ PSID <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Air inlet opened at _____ PSID <input type="checkbox"/> Did not open
Repairs	<input type="checkbox"/> Cleaned Replaced: <input type="checkbox"/> Rubber Parts Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> O-rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Retainer <input type="checkbox"/> Locknuts <input type="checkbox"/> Other:	<input type="checkbox"/> Cleaned Replaced: <input type="checkbox"/> Rubber Parts Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> O-rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Retainer <input type="checkbox"/> Locknuts <input type="checkbox"/> Other:	<input type="checkbox"/> Cleaned Replaced: <input type="checkbox"/> Rubber Parts Kit <input type="checkbox"/> RV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Other:	<input type="checkbox"/> Check Valve: _____ PSID <input type="checkbox"/> Check Valve Leaked <input type="checkbox"/> Cleaned Replaced: <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc Air Inlet <input type="checkbox"/> Disc CV <input type="checkbox"/> Spring <input type="checkbox"/> Retainer <input type="checkbox"/> Guide <input type="checkbox"/> O-rings <input type="checkbox"/> Other:
Final Test	<input type="checkbox"/> Closed tight	<input type="checkbox"/> Closed tight	<input type="checkbox"/> Open at PSID reduced pressure	<input type="checkbox"/> Satisfactory
Remarks				
City of Palo Alto Certification Tag: <input type="checkbox"/> Attached to unit Tag Number _____ - _____				

Additional Notes:

III. Approvals

Date Tested:	Tester Phone #:	Certified Tester #:	Passed <input type="checkbox"/> Failed <input type="checkbox"/>
Company Name:			
Tested By (Signature):		Tested By (Print Name):	