



# 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

**PLEASE CONFIRM PREPRINTED INFORMATION FOR ACCURACY**

## I. GENERAL INFORMATION

Installation #:

Premise:

Contact Person for Site:		Phone Number:	Date of Installation:
Name of facility:		Street Address Where Assembly is Installed:	
Palo Alto Water Meter # (Must be 5 Digits)	Service Type: <input type="checkbox"/> Domestic <input type="checkbox"/> Fire Service <input type="checkbox"/> Irrigation <input type="checkbox"/> Unknown		Last Test Date:
Serial Number:	Manufacturer:	Model:	Size: Inch
Location of Assembly at Site:			Test Gauge Model:
Type: <input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> SVB <input type="checkbox"/> DCDA <input type="checkbox"/> RPDA	<input type="checkbox"/> NONE <input type="checkbox"/> External <input type="checkbox"/> Internal If internal, is this the principal device on this service <input type="checkbox"/> Yes <input type="checkbox"/> No	Previous tag #:	

## II. TEST /REPAIR INFORMATION

NOTE: Regardless of which test procedure edition you use - CPA requires a 3 PSI minimum differential.

Test Results	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Pressure Vacuum Breaker
<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Held at _____PSID	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight _____PSID	<input type="checkbox"/> Open at _____ PSI <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Air inlet opened at _____ PSID <input type="checkbox"/> Check Valve held at _____ PSID	
Repairs	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/> Replaced: _____ _____ _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/> Replaced: _____ _____ _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/> Replaced: _____ _____ _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/> Replaced: <input type="checkbox"/> Air inlet opened at _____ PSID <input type="checkbox"/> Check Valve held at _____ PSID
Final Test After Repairs:	<input type="checkbox"/> Closed Tight: Held at _____PSID	<input type="checkbox"/> Closed Tight Held at _____PSID	<input type="checkbox"/> Open at _____PSID Reduced Pressure	<input type="checkbox"/> Check Valve held at _____ PSID

City of Palo Alto Certification Tag:  Attached to unit  Noted 3 letter Month code on tag# \_\_\_\_\_ - \_\_\_\_\_

## ADDITIONAL NOTES


## III. APPROVALS

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

Mailing Address

Address Correction