

## BACKFLOW PREVENTION ASSEMBLY TEST & MAINTENANCE REPORT



**RETURN COMPLETED TEST REPORT TO:**  
 Backflow Department  
 PO Box 719003  
 Santee CA 92072  
 Email [backflow@padre.org](mailto:backflow@padre.org)  
 Phone (619) 258-4731 Fax (619) 258-0902

**MAILING ADDRESS:**

**SERVICE ADDRESS:**

<b>ACCOUNT #:</b>		<b>CUSTOMER:</b>	
<b>SERVICE TYPE:</b>		<b>METER # / SIZE:</b>	
<b>BFP LOCATION:</b>			<b>ASSEMBLY INFO:</b> (Tester: Please note any changes.)
<b>DATE MAILED:</b>			<b>SERIAL NUMBER:</b>
<b>DUE DATE:</b>			<b>MAKE/MODEL:</b>
<b>Tester Notes/Comments:</b>			<b>SIZE:</b>
			<b>TYPE:</b>
			<b>INSTALL DATE:</b>

<b>Water pressure at time of test:</b>	<b>PSI</b>	<b>REPORT OF TEST RESULTS</b>						
		<b>Check Valve #1</b>	<b>Check Valve #2</b>	<b>Relief Valve</b>	<b>PVB</b>	<b>Shut Off Valves</b>		
		Held At _____ PSID	Held At _____ PSID	Opened At _____ PSID	Air Inlet Opened At _____ PSID			
<b>INITIAL TEST</b>		Apparent _____		<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Did Not Open	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>
		Actual _____ <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Fouled	<input type="checkbox"/> Check Held At _____ PSID <input type="checkbox"/> Leaked	Leaked	<input type="checkbox"/>	<input type="checkbox"/>
<b>REPAIR</b>		<input type="checkbox"/> CLEANED REPLACED: <input type="checkbox"/> Disc <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Rubber Kit <input type="checkbox"/> _____	<input type="checkbox"/> CLEANED REPLACED: <input type="checkbox"/> Disc <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Rubber Kit <input type="checkbox"/> _____	<input type="checkbox"/> CLEANED REPLACED: <input type="checkbox"/> Disc <input type="checkbox"/> Diaphragm <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Rubber Kit <input type="checkbox"/> _____		CLEANED REPLACED REPAIR	<input type="checkbox"/>	<input type="checkbox"/>
						Other	<input type="checkbox"/>	<input type="checkbox"/>
<b>FINAL TEST</b>		_____ PSID	_____ PSID	Opened At _____ PSID		Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>
		Apparent _____ Actual _____ <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	_____ PSID		<b>PASS</b>	<input type="checkbox"/>	<input type="checkbox"/>

**THE ABOVE REPORT IS CERTIFIED TO BE TRUE:**

Test Date	Signatures	Print Name	Company Name	Certificate #	Gauge #	Pass/Fail
		<b>Initial Test By</b>				
		<b>Repair Test By</b>				
		<b>Final Test By</b>				