

CITY OF ANAHEIM BACKFLOW PREVENTION DEVICE TEST AND MAINTENANCE REPORT

THIS DEVICE MUST BE TESTED ON OR BEFORE _____

REDUCED PRESSURE PRINCIPLE ASSEMBLY				LINE PRESSURE _____
DOUBLE CHECK VALVE ASSEMBLY				
	CHECK VALVE 1	CHECK VALVE 2	RELIEF VALVE	PVB/SVB
INITIAL TEST	HELD AT _____ PSID LEAKED <input type="checkbox"/>	HELD AT _____ PSID CLOSED TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/>	OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>	AIR INLET OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>
REPAIRS	CLEANED <input type="checkbox"/> REPLACED: DISC <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> HINGE PIN <input type="checkbox"/> SEAT <input type="checkbox"/> MODULE <input type="checkbox"/> OTHER (DESCRIBE) <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED: DISC <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> HINGE PIN <input type="checkbox"/> SEAT <input type="checkbox"/> MODULE <input type="checkbox"/> OTHER (DESCRIBE) <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED: DISC <input type="checkbox"/> DISPHRAGM <input type="checkbox"/> FLOAT <input type="checkbox"/> SPRING <input type="checkbox"/> OTHER (DESCRIBE) <input type="checkbox"/>	CHECK VALVE HELD AT _____ PSID LEAKED <input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED: DISC <input type="checkbox"/> DISPHRAGM <input type="checkbox"/> FLOAT <input type="checkbox"/> SPRING <input type="checkbox"/> OTHER (DESCRIBE) <input type="checkbox"/>
FINAL TEST	HELD AT _____ PSID	HELD AT _____ PSID CLOSED TIGHT <input type="checkbox"/>	OPENED AT _____ PSID	AIR INLET _____ PSID CHECK VALVE _____ PSID

COMMENTS: _____

BUSINESS LICENSE NO. _____

THE ABOVE DATA CERTIFIED TO BE TRUE.

INITIAL TEST	DATE _____ TIME _____ CERTIFIED TESTER NO. _____ <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED TEST BY SIGNATURE _____ PRINT NAME _____
REPAIR	DATE _____ TIME _____ CERTIFIED TESTER NO. _____ <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED TEST BY SIGNATURE _____ PRINT NAME _____
FINAL TEST	DATE _____ TIME _____ CERTIFIED TESTER NO. _____ <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED TEST BY SIGNATURE _____ PRINT NAME _____