CITY OF HUNTINGTON BEACH WATER DEPARTMENT BACKFLOW DEVICE TEST REPORT

☐ ***NEW INSTALLATION*** ☐ ***REPLACEMENT***

SERIAL # OF OLD DEVICE:_____

Facility Name _____Address _____

Device Location: _____Device Serves:_____

Meter#:_____Type:_____Size: _____ Mfg:_____ Model:_____ New Serial#:_____

Passed ☐ **Fail** ☐

Return completed form by fax at (714) 375-5159 **OR**
return to: City of Huntington Beach, Attn: Utilities Div. - CC
P.O. Box 190, Huntington Beach, CA 92648

BACKFLOW PREVENTION DEVICE FIELD TESTING AND MAINTENANCE REPORT

REDUCED PRESSURE PRINCIPLE ASSEMBLY

DOUBLE CHECK VALVE ASSEMBLY

LINE PRESSURE _____

	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	PVB/SVB
INITIAL TEST	Held at _____ PSID LEAKED ☐	Held at _____ PSID CLOSED TIGHT ☐ LEAKED ☐	Opened at _____ PSID DID NOT OPEN ☐	**AIR INLET** Opened at _____ PSID DID NOT OPEN ☐
REPAIRS	CLEANED ☐ REPLACED ☐ DISC ☐ SPRING ☐ GUIDE ☐ HINGE PIN ☐ SEAT ☐ MODULE ☐ OTHER ☐ DESCRIBE: ☐	CLEANED ☐ REPLACED ☐ DISC ☐ SPRING ☐ GUIDE ☐ HINGE PIN ☐ SEAT ☐ MODULE ☐ OTHER ☐ DESCRIBE: ☐	CLEANED ☐ REPLACED ☐ DISC(S) ☐ SPRING ☐ DIAPHRAGM ☐ SEAT(S) ☐ O-RING(S) ☐ MODULE ☐ OTHER ☐ DESCRIBE: ☐	**CHECK VALVE** Held at _____ PSID LEAKED ☐ CLEANED ☐ REPLACED ☐ DISC ☐ DIAPHRAGM ☐ FLOAT ☐ SPRING ☐ OTHER ☐ DESCRIBE: ☐
FINAL TEST	Held at _____ PSID	Held at _____ PSID CLOSED TIGHT ☐	Opened at _____ PSID	Air Inlet _____ PSID Check Valve _____ PSID

Comments _____

The above report is certified to be true.

INITIAL TEST (SIGNATURE)	PRINT NAME	CERT TESTER NO.	DATE
FINAL TEST/REPAIRS (SIG)	PRINT NAME	CERT TESTER NO.	DATE