

PASS
 FAIL

BACKFLOW PREVENTION TEST REPORT

Original Test Due Date:

Current Notice Due Date:

DEVICE INFORMATION					
ACCOUNT NO:					
DEVICE ID:					
CONTACT					
REMARKS					
SERVICE ADDRESS					
DEVICE LOCATION	PHONE (CIS)				
		SBPR			
BCC	METER NO.	SIZE	TAP NO.	MAP NO.	THOMAS BROS. MAP (County & page no.)
				B	Old: New:

REPORT OF TEST RESULT

	CHECK VALVE #1 RP & DC ONLY	CHECK VALVE #2 RP & DC ONLY	RELIEF VALVE RP ONLY	AIR INLET AVB + PVB ONLY	SHUT OFF VALVES	
					#1	#2
INITIAL TEST	<input type="checkbox"/> Held at ___ PSID <input type="checkbox"/> Leaked	<input type="checkbox"/> Held at ___ PSID <input type="checkbox"/> Closed tight - RP <input type="checkbox"/> Leaked	<input type="checkbox"/> Opened at ___ PSID <input type="checkbox"/> Did not open	<input type="checkbox"/> Opened at ___ PSID <input type="checkbox"/> Did not open	Closed tight Leaked	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REPAIRS	<input type="checkbox"/> CLEANED REPLACED: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Other* * _____ _____	<input type="checkbox"/> CLEANED REPLACED: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Other* * _____ _____	<input type="checkbox"/> CLEANED REPLACED: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> Other* * _____ _____	Check valve Held at ___ PSID <input type="checkbox"/> Leaked <input type="checkbox"/> CLEANED REPLACED: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Float <input type="checkbox"/> Other* * _____	CLEANED REPLACED COMPENSATED Other* * _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
FINAL TEST	<input type="checkbox"/> Held at ___ PSID	<input type="checkbox"/> Held at ___ PSID <input type="checkbox"/> Closed tight - RP	<input type="checkbox"/> Opened at ___ PSID	Air Inlet ___ PSID Check Valve ___ PSI	Closed tight	<input type="checkbox"/> <input type="checkbox"/>

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

INITIAL TEST BY:	CERTIFICATION NO.	DATE
REPAIRED BY:		
FINAL TEST BY:		
Test Kit Serial No.		Calibration check date

Mail to:
EAST BAY MUNICIPAL UTILITY DISTRICT
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Mail Slot #47
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 Oakland, CA 94623-1055