



Mike Hurst  
 Water Quality Coordinator  
 31111 Greenspot Road  
 Highland, CA 92346  
 (909) 772-5154 Cell  
 (909) 806-4228 FAX

# BACKFLOW PREVENTION ASSEMBLY TEST REPORT

BFP Assembly ID				
Account Number		Meter #		Test Report Due:
Service Address				Schedule Code
				Assembly Info (Replacement/Correction)
Equip Location			SN	<input type="checkbox"/>
Location ID		Protection Type	Mfr	<input type="checkbox"/>
Contact Name		Ph	Type	<input type="checkbox"/>
Map Page		#2	Size	<input type="checkbox"/>
			Model	<input type="checkbox"/>
			Install Date	
			SERVICE ACCT NUM	
<input type="checkbox"/> Confinement	<input type="checkbox"/> Freeze Protection	Hazard Type		Haz. Level

Line pressure at time of test: \_\_\_\_\_

## REPORT OF TEST RESULTS

Approved BFP

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut Off Valves	
<b>Initial Test</b>	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Opened at _____ PSID	<input type="checkbox"/> Air Inlet Opened at _____ PSID		#1 #2
<b>Pass</b>	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Did not Open	Closed Tight	<input type="checkbox"/> <input type="checkbox"/>
<b>Fail</b>	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked		<input type="checkbox"/> Check Held at _____ PSID	Leaked	<input type="checkbox"/> <input type="checkbox"/>
<b>R E P A I R</b>	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	CLEANED	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Air Inlet Disc	REPLACED	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Air Inlet Spring	REPAIR	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Guide	<input type="checkbox"/> Guide	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Check Disc		
	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Check Spring		
<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> Float			
<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> Diaphragm			
<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit			
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	Other	<input type="checkbox"/> <input type="checkbox"/>
Other/Notes: _____					<input type="checkbox"/> USC 10th Edit.	
<b>Final Test</b>	_____ PSID	_____ PSID	<input type="checkbox"/> Opened at _____ PSID	Air Inlet _____ PSID	Closed Tight	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	_____ PSID	CK Valve _____ PSID	<b>Pass</b>	<input type="checkbox"/>

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

PASS \_\_\_\_\_ FAIL \_\_\_\_\_

1A

Initial Test By	Certificate	Date:	Gauge Num	Time In	Time Out	Company	Phone
Final Test By							
Repair By							