

# BACKFLOW PREVENTION DEVICE FIELD TESTING AND MAINTENANCE REPORT

Owner/Operator Signature Required

Return original test form only  
Copies or faxes not accepted

La Habra Heights County Water District  
1271 N. Hacienda Road  
La Habra Heights, CA 90631

RETURN NO LATER THAN:

	MANUFACTURER	MODEL	SIZE	SERIAL NUMBER
LOCATION				
Water Pressure:				
Apparent reading	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	AIR INLET VALVE
INITIAL TEST	CLOSED AT/FINAL READING _____ PSID LEAKED <input type="checkbox"/>	CLOSED AT _____ PSID LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/>	OPENED AT _____ PSID OPENED UNDER 2# <input type="checkbox"/> OR DID NOT OPEN	OPENED AT _____ PSID OPENED UNDER 1# <input type="checkbox"/> OR DID NOT OPEN
<b>INITIAL TEST: <input type="checkbox"/> PASSED / FAILED <input type="checkbox"/></b>				
R E P A I R S	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
	REPLACED:	REPLACED:	REPLACED:	REPLACED:
	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC(S) <input type="checkbox"/>	DISC <input type="checkbox"/>
	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
	SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>
	GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	DIAPHRAGM(S) <input type="checkbox"/>	CANOPY <input type="checkbox"/>
	HINGE PIN <input type="checkbox"/>	HINGE PIN <input type="checkbox"/>	SEAT <input type="checkbox"/>	DIAPHRAGM <input type="checkbox"/>
	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>
	O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	MODULE <input type="checkbox"/>	OTHER <input type="checkbox"/>
	MODULE <input type="checkbox"/>	MODULE <input type="checkbox"/>	OTHER DESCRIBE: _____	DESCRIBE: _____
OTHER DESCRIBE: _____	OTHER DESCRIBE: _____			
OTHER REPLACEMENTS:	TESTCOCK #1 <input type="checkbox"/>	TESTCOCK #3 <input type="checkbox"/>	SHUTOFF #1 <input type="checkbox"/>	
	TESTCOCK #2 <input type="checkbox"/>	TESTCOCK #4 <input type="checkbox"/>	SHUTOFF #2 <input type="checkbox"/>	
FINAL TEST	APP. READING _____ PSID CLOSED AT/FINAL READING _____ PSID	CLOSED AT _____ PSID CLOSED TIGHT <input type="checkbox"/>	OPENED AT _____ PSID	OPENED AT _____ PSID
<b>FINAL TEST: PASSED <input type="checkbox"/></b>				

Comments:

*NOTE: Check with Building & Safety for installation or removal permits of backflow devices. Only approved backflow devices shall be installed.*

If device replaced, reason:

Not repairable  
 Parts not available  
 Stolen/missing  
 Owner request

Check Box(s) if applicable & mail back:

Business sold/closed  
 Device removed - verification needed by Field Inspector  
 New ownership/business, test device and update this form below  
 Other:

Use blank forms for testing & registering new installations.

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TESTING COMPANY \_\_\_\_\_

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TESTING COMPANY PHONE NUMBER \_\_\_\_\_

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GAUGE MAKE, MODEL & SERIAL # \_\_\_\_\_

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CALIBRATION DATE \_\_\_\_\_

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

INITIAL TEST BY (SIGNATURE) \_\_\_\_\_ (PRINT NAME)

REPAIRED BY (SIGNATURE) \_\_\_\_\_ (PRINT NAME)

FINAL TEST BY (SIGNATURE) \_\_\_\_\_ (PRINT NAME)

I ACKNOWLEDGE RECEIPT OF COMPLETED, ORIGINAL TEST NOTICE:

OWNER/MANAGER (SIGNATURE) \_\_\_\_\_ (PRINT NAME) (DATE)

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TESTER #

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MO DAY YR TIME

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MO DAY YR

--	--	--	--	--	--

TESTER #

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MO DAY YR TIME

Site Contact & Phone # \_\_\_\_\_

CORRECTIONS: ADDRESS / BUSINESS NAME