



CITY OF HEALDSBURG

Municipal Utilities Department
401 Grove Street
Healdsburg, California 95448
707-431-3346 Fax 707-431-3140

Received Date _____
Entered Date _____
Initials _____

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Mailing: Customer Name: _____ Street: _____ City: _____ State: _____ Zip: _____ *Testers fill out this form completely.	Business/Site Name: _____ Contact Name: _____ Address _____ Contact Phone Number: _____ E-mail: _____
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Assembly Information			Orientation: _____
Mfr. _____	Model: _____	Size: _____	Serial No. _____
Water Meter No. _____	Service Type: _____	Physical Location: _____	Sys. PSI _____

Please Check All Applicable Items Below				
Annual Test _____	Replacement Assy. _____	New Assy. _____	New Location _____	Existing Location _____
<ul style="list-style-type: none"> • This is a replacement assembly for serial number : _____ 				

	REDUCED PRESSURE PRINCIPAL ASSEMBLY			PRESSURE / SPILL RESISTANT VACUUM BREAKER
	DOUBLE CHECK VALVE ASSEMBLY		Differential Pressure Relief Valve	
	Check Valve #1	Check Valve #2		
INITIAL TEST	Closed Tight _____ Held At: _____ PSID Leaked _____	Closed Tight _____ Held At: _____ PSID Leaked _____	Opened At: _____ PSID Did Not Open: _____	Air Inlet Opened At: _____ PSID Did Not Open: _____
REPAIRS	Cleaned: _____ or Replaced: _____ Disc: _____ Spring: _____ Guide: _____ Pin Ret: _____ Hinge Pin: _____ Seat: _____ Diaphragm: _____ Module _____ Poppet _____ Other (Describe): _____ _____ _____	Cleaned: _____ or Replaced: _____ Disc: _____ Spring: _____ Guide: _____ Pin Ret: _____ Hinge Pin: _____ Seat: _____ Diaphragm: _____ Module _____ Poppet _____ Other (Describe): _____ _____ _____	Cleaned: _____ or Replaced: _____ Upper Disc: _____ Lower Disc: _____ Spring: _____ Diaphragm: _____ Large Upper: _____ Large Lower: _____ Small: _____ Upper Seat: _____ Lower Seat: _____ Lower Spacer: _____ Other (Describe): _____ _____ _____	Water Check Valve: Held At: _____ PSID Leaked: _____ Cleaned: _____ or Replaced: _____ Air Inlet: _____ Disc: _____ Spring: _____ Water Check: _____ Disc: _____ Spring: _____ Other: _____ _____
FINAL TEST	Closed Tight _____ Held At: _____ PSID	Closed Tight _____ Held At: _____ PSID	Opened At: _____ PSID	Air Inlet: _____ PSID Water Ck: _____ PSID

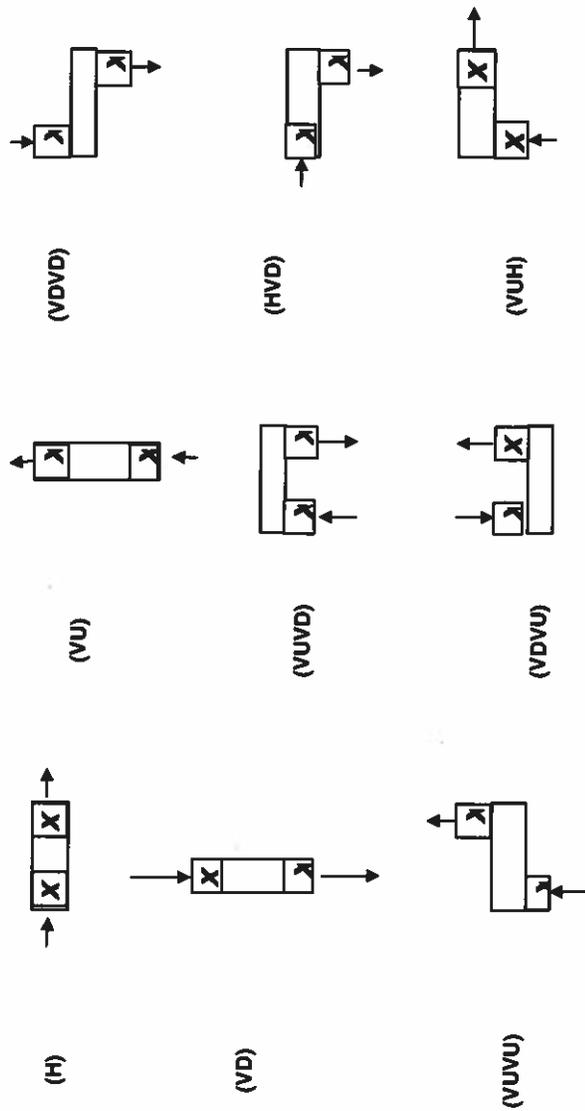
Comments: _____

Initial Test By: _____ Test Kit S.N. _____ Date: _____ **Pass** **Fail**

Repairs By: _____ Date: _____

Final Test By: _____ Test Kit S.N. _____ Date: _____ **Pass** **Fail**

DC, DCDA, RP, RPD

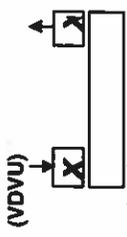


Orientation of Assemblies

Key (H) Horizontal (D) Down
(V) Vertical (U) Up

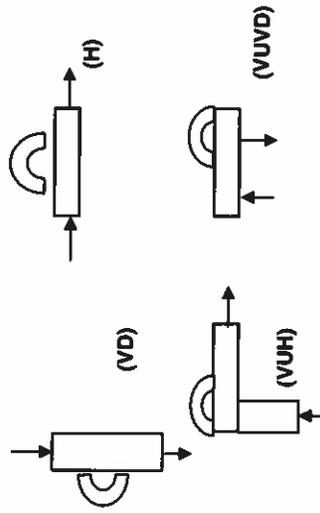


Sample



Inlet - Vertical flowing Down.
Outlet - Vertical flowing Up.

AVB



PVB/SVB

