



BACKFLOW PREVENTION DEVICE TEST AND MAINTENANCE REPORT

Send Original: City of Fullerton - Public Works Dept - Water Div
Attn: Water Quality Specialist
303 W. Commonwealth Ave. - Fullerton, CA 92832
Phone: (714) 738-2835 Email: backflowtest@ci.fullerton.ca.us

Send Copy: OC Health Care Agency - Env Health Div - Water Quality Section
Attn: Pauline Liu - 1241 E. Dyer Rd. Suite 120, Santa Ana, CA 92705
Email: ocbbackflowtests@ocha.com

FULLERTON

City of Fullerton

Assembly ID		Facility Name				
Acct Number		Meter #		Test Report Due:		
Service Address				Schedule Code		
				Assembly Info	(Replacement/Correction)	
Equip Location				SN	<input type="checkbox"/>	
				Mfr	<input type="checkbox"/>	
Contact Name		Ph		Type	<input type="checkbox"/>	
FileNo		Protection Type		Size	<input type="checkbox"/>	
Hazard Type		Hazard Level		Model	<input type="checkbox"/>	
<input type="checkbox"/> Passed <input type="checkbox"/> Failed				Install Date		
				Permit Num		
Line pressure at time of test: _____			REPORT OF TEST RESULTS			<input type="checkbox"/> Approved BFP
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut Off Valves	
Initial Test	<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
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Did not Open	Closed Tight Leaked	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> USC 10th Edit.	<input type="checkbox"/> Check Held at _____ PSID		<input type="checkbox"/> <input type="checkbox"/>
REPAIR	<input type="checkbox"/> CLEANED REPLACED	<input type="checkbox"/> CLEANED REPLACED	<input type="checkbox"/> CLEANED REPLACED	<input type="checkbox"/> CLEANED REPLACED	CLEANED REPLACED	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Air Inlet Disc	REPAIR	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Air Inlet Spring		<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"/> <input type="checkbox"/>
	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Check Spring		<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Hinge Pin	<input type="checkbox"/> Hinge Pin	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> Float		<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Module	<input type="checkbox"/> Diaphragm		<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> _____	<input type="checkbox"/> _____	Other	<input type="checkbox"/> <input type="checkbox"/>
Other: _____						
Final Test	_____ PSID	_____ PSID	<input type="checkbox"/> Opened at _____ PSID	Air Inlet _____ PSID		
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> _____ PSID	CK Valve _____ PSID	Closed Tight	<input type="checkbox"/> <input type="checkbox"/>

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

City of Fullerton Business License No. _____

Initial Test By:	Certificate:	Date:	Time:		Company:	Phone:
Final Test By:						
Repair By:						