Return completed form to:

L.A. COUNTY DEPARTMENT OF PUBLIC WORKS
WATERWORKS DISTRICTS
CROSS CONNECTION CONTROL PROGRAM
P.O. BOX 1460, Alhambra CA 91802-1460
Phone: (626) 300-3356   Fax: (626) 300-3385

BACKFLOW PREVENTION ASSEMBLY
FIELD TEST AND MAINTENANCE REPORT

RETURN NO LATER THAN: _____

Account #: _____
Customer #: _____
Address: _____
_____
Location: _____

Purpose: ☐ *domestic* ☐ *irrigation* ☐ *fire* ☐ *other* _____

Device #: _____
Manufacturer: _____
Model: _____
Type: _____
Size: _____
Serial #: _____
Meter #: _____

	REDUCED PRESSURE PRINCIPLE ASSEMBLY			RP ☐ RPDA ☐ DC ☐ DCDA ☐ PVB ☐ Air Gap ☐ SVB ☐ AVB ☐
	DOUBLE CHECK VALVE ASSEMBLY			
	CHECK VALVE #1	**CHECK VALVE #2**	**RELIEF VALVE**	**PVB / SVB**
INITIAL TEST	Leaked ☐ Held at _____ PSID	Leaked ☐ Closed Tight ☐ Held at _____ PSID	Did not open ☐ Opened at _____ PSID	**AIR INLET** Did not open ☐ Opened at _____ PSID
REPAIRS DETAILS	Cleaned ☐ Replaced ☐	Cleaned ☐ Replaced ☐	Cleaned ☐ Replaced ☐	**CHECK VALVE** Leaked ☐ Held at _____ PSID Cleaned ☐ Replaced ☐ **AIR INLET** Opened at _____ PSID
FINAL TEST	Held at _____ PSID	Closed Tight ☐ Held at _____ PSID	Opened at _____ PSID	**CHECK VALVE** Held at _____ PSID

COMMENTS
_____
_____
_____

Line Pressure _____
Meter Reading _____
Held Backpressure _____
Shutoff _____
Relief Valve Exercised _____

THE ABOVE REPORT IS CERTIFIED TO BE TRUE.

	Tester #	*Print Name*	*Tester Signature*	*Phone #*	*Date*	*Passed*	*Failed*
Initial Test						☐	☐
Repairs						☐	☐
Final Test						☐	☐

Mailing Address:

Address Correction: