



City of San Juan Capistrano

32400 Paseo Adelanto

CITY OF SAN JUAN CAPISTRANO

Assembly ID	Facility Name		
Acct Number	Meter #	Test Report Due:	
Service Address	Schedule Code		
		Assembly Info	(Replacement/Correction)
Equip Location		SN	<input type="checkbox"/>
Tap Number	Containment	Mfr	<input type="checkbox"/>
Contact Name	Ph	Type	<input type="checkbox"/>
Map Page	#2	Size	<input type="checkbox"/>
		Model	<input type="checkbox"/>
		Install Date	
		Permit Num	
		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			
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	Closed Tight	#1	#2	
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight		<input type="checkbox"/> Did not Open		<input type="checkbox"/>	<input type="checkbox"/>	
Pass	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Check Held at _____ PSID	Leaked	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/> Leaked				
REPAIR	<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 REPLACED	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Diaphragm <input type="checkbox"/> Module <input type="checkbox"/> _____	<input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Module <input type="checkbox"/> _____	<input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> _____	<input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> _____	<input type="checkbox"/> Air Inlet Disc <input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Check Disc <input type="checkbox"/> Check Spring <input type="checkbox"/> Float <input type="checkbox"/> Diaphragm <input type="checkbox"/> _____	REPAIR	<input type="checkbox"/>	<input type="checkbox"/>
	Other						<input type="checkbox"/>	<input type="checkbox"/>
Other/Notes: _____								
Final Test	_____ 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	Pass	<input type="checkbox"/>		

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

Copy to: OCHCA, 1241 East Dyer Rd., Santa Ana, CA 927 1A

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