

**BACKFLOW PREVENTION DEVICE TEST AND MAINTENANCE REPORT**



Send Original: City of Fullerton - Public Works Dept - Water Div  
 Attn: Van Xayarath - Water Quality Specialist  
 303 W. Commonwealth Ave. - Fullerton, CA 92832  
 Phone: (714) 738-6896 Email: VanX@ci.fullerton.ca.us

Send Copy: OC Health Care Agency - Env Health Div - Water Quality Section  
 Attn: Lauren Hatch - 1241 E. Dyer Rd. Suite 120, Santa Ana, CA 92705

FULLERTON

**City of Fullerton**

Assembly ID		Facility Name	
Acct Number		Meter #	
<b>Service Address</b>			<b>Test Report Due:</b>
			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"/> <b>Passed</b> <input type="checkbox"/> <b>Failed</b>			Install Date
			Permit Num

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	
<b>Initial Test</b>	<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	<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	Leaked	<input type="checkbox"/> <input type="checkbox"/>
<b>R E P A I R</b>	<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	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Air Inlet Disc	REPLACED	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Air Inlet Spring	REPAIR	<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"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Check Spring		
	<input type="checkbox"/> Hinge Pin	<input type="checkbox"/> Hinge Pin	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> Float		
	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Module	<input type="checkbox"/> Diaphragm		
Other: _____					Other	<input type="checkbox"/> <input type="checkbox"/>
<b>Final Test</b>	<input type="checkbox"/> _____ PSID	<input type="checkbox"/> _____ PSID	<input type="checkbox"/> Opened at _____ PSID	Air Inlet _____ PSID		
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight		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:					