



IRVINE RANCH WATER DISTRICT

15600 Sand Canyon Ave., P.O. Box 57000, Irvine, CA 92619-7000 (949) 453-5300

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

ACCOUNT#: _____ METER#: _____ TEST MONTH: _____
 ATC#: _____ COORDINATE: _____
 CUSTOMER: _____ SERVICE LOCATION: _____
 BACKFLOW LOCATION: _____

MANUFACTURE: _____ TYPE: _____ SERIAL#: _____
 MODEL: _____ SIZE: _____

Apparent Reading	CHECK VALVE #1/ BYPASS SINGLE CHECK	CHECK VALVE #2	AIR INLET/ RELIEF VALVE
Initial Test	PSID _____ FAIL <input type="checkbox"/>	PSID/TIGHT _____ FAIL <input type="checkbox"/>	OPENED AT _____ PSID FULLY OPEN <input type="checkbox"/> FAIL <input type="checkbox"/>
INITIAL TEST: PASSED <input type="checkbox"/> FAIL <input type="checkbox"/>			
REPAIRS	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
	REPLACED: <input type="checkbox"/>	REPLACED: <input type="checkbox"/>	REPLACED: <input type="checkbox"/>
	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
	GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>
	O-RING <input type="checkbox"/>	O-RING <input type="checkbox"/>	O-RING <input type="checkbox"/>
	DIAPHRAGM <input type="checkbox"/>	DIAPHRAGM <input type="checkbox"/>	DIAPHRAGM <input type="checkbox"/>
	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>	
Other Replacements Shutoff #1 <input type="checkbox"/> Shutoff #2 <input type="checkbox"/> Testcock#1 <input type="checkbox"/> Testcock#2 <input type="checkbox"/> Testcock#3 <input type="checkbox"/> Testcock#4 <input type="checkbox"/>			
FINAL TEST	PSID _____	PSID/TIGHT _____	OPENED AT _____ PSID FULLY OPEN <input type="checkbox"/>
FINAL TEST: PASSED <input type="checkbox"/>			

NOTES:

INITIAL TEST (Signature) _____ Print Name _____ Tester # _____ Phone Number _____ Date _____

FINAL TEST (Signature) _____ Print Name _____ Tester # _____ Phone Number _____ Date _____

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