



**CITY OF NEWPORT BEACH**  
**UTILITIES DEPARTMENT**  
**WATER QUALITY DIVISION**  
 P.O. BOX 1768, NEWPORT BEACH, CA 92658-8915  
 Cross Connections Specialist (949) 718-3412

Device No: \_\_\_\_\_

Name: _____	Serial No: _____
Address: _____	Size: _____
Location: _____	Make: _____
	Type: _____

The device must be tested on or before:

**IMPORTANT! ONLY THIS FORM WILL BE ACCEPTED FOR PROCESSING**

	Double Check Valve Assembly		Reduce Pressure Principle Assembly	PVB / SVB
	CHECK VALVE 1	CHECK VALVE 2	RELIEF VALVE	AIR INLET
<b>INI-TIAL TEST</b>	Held at _____ PSID	Held at _____ PSID	Opened at _____ PSID	Opened at _____ PSID
	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Did not Open <input type="checkbox"/>	Did not Open <input type="checkbox"/>
<b>R E P A I R S</b>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> List parts below	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> List parts below	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> List parts below	<b>CHECK VALVE</b> Held at _____ PSID Leaked <input type="checkbox"/>
				Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>
<b>FINAL TEST</b>	Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	Air Inlet _____ PSID Check Valve _____ PSID

COMMENTS \_\_\_\_\_

The above report is certified to be true

TESTER COMPANY \_\_\_\_\_

CO. PHONE (REQUIRED) \_\_\_\_\_

INITIAL TEST (SIGNATURE) \_\_\_\_\_

PRINT NAME \_\_\_\_\_

TESTER NO. \_\_\_\_\_

DATE \_\_\_\_\_

FINAL TEST / REPAIRS (SIGNATURE) \_\_\_\_\_

PRINT NAME \_\_\_\_\_

TESTER NO. \_\_\_\_\_

DATE \_\_\_\_\_