



Please return report to:  
 City of Grass Valley  
 125 East Main Street  
 Grass Valley, CA 95945  
 Attn: Mike Healy

## BACKFLOW PREVENTION ASSEMBLY TEST REPORT

INSTALL ID: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

NAME OF PREMISE : \_\_\_\_\_ Commercial  Residential

SERVICE ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

LOCATION OF ASSEMBLY: \_\_\_\_\_

DOWNSTREAM PROCESS: \_\_\_\_\_ DCVA  RPBA  PVBA  OTHER: \_\_\_\_\_

NEW INSTALLATION  EXISTING  REPLACEMENT  OLD ASSEMBLY SERIAL NUMBER: \_\_\_\_\_

MAKE OF ASSEMBLY: \_\_\_\_\_ MODEL: \_\_\_\_\_ SERIAL NO.: \_\_\_\_\_ SIZE: \_\_\_\_\_

INITIAL TEST	DCVA/RPBA CHECK VALVE NO.1	DCVA/RPBA CHECK VALVE NO.2	RPBA	PVBA AIR INLET																																				
PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID AIR GAP OK?	OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>																																				
NEW PA REPAIRS	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">CLEAN</td> <td style="text-align: center;">REPLACE</td> <td style="text-align: center;">PART</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	CLEAN	REPLACE	PART	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">CLEAN</td> <td style="text-align: center;">REPLACE</td> <td style="text-align: center;">PART</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	CLEAN	REPLACE	PART	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">CLEAN</td> <td style="text-align: center;">REPLACE</td> <td style="text-align: center;">PART</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	CLEAN	REPLACE	PART	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHECK VALVE HELD AT _____ PSID LEAKED <input type="checkbox"/> _____ CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/>
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TEST AFTER REPAIRS	CLOSED TIGHT <input type="checkbox"/> _____ PSID	CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID	AIR INLET _____ PSID CHK VALVE _____ PSID																																				

AIR GAP INSPECTION: Required minimum air gap separation provided? Yes  No  Detector Meter Reading \_\_\_\_\_

REMARKS: \_\_\_\_\_

TESTER'S SIGNATURE \_\_\_\_\_ LINE PRESSURE \_\_\_\_\_  
 \_\_\_\_\_ CERT. NO. \_\_\_\_\_ DATE \_\_\_\_\_

DATE TESTED: \_\_\_\_\_  
 TESTER'S NAME PRINTED \_\_\_\_\_ TESTERS PHONE # ( ) \_\_\_\_\_

REPAIRED BY \_\_\_\_\_ CERT. NO. \_\_\_\_\_ DATE \_\_\_\_\_  
 \_\_\_\_\_ DATE REPAIRED: \_\_\_\_\_

FINAL TEST BY \_\_\_\_\_ CERT. NO. \_\_\_\_\_ DATE \_\_\_\_\_  
 \_\_\_\_\_ DATE OF FINAL TEST: \_\_\_\_\_

GAGE CALIBRATION DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ WATER SERVICE RESTORED YES  NO