

BACKFLOW PREVENTION ASSEMBLY TEST REPORT



Please return report to:
 CITY OF STOCKTON
 Municipal Utilities
 2500 Navy Drive
 Stockton, CA 95206
 Attn: BPMS
 or FAX to (866) 571-1021

LID ID: _____ METER #: _____

NAME OF PREMISE: _____ Commercial Residential Fire

SERVICE ADDRESS: _____ CITY: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: _____ FAX: _____

LOCATION OF ASSEMBLY @ Meter: YES NO

NEW INSTALLATION <input type="checkbox"/> EXISTING <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> OLD ASSEMBLY SERIAL NUMBER: _____	<input type="checkbox"/> RP <input type="checkbox"/> DCVA <input type="checkbox"/> DCDA <input type="checkbox"/> DC <input type="checkbox"/> RPBA <input type="checkbox"/> RPDA <input type="checkbox"/> PVB <input type="checkbox"/> PVBA <input type="checkbox"/> Air Gap <input type="checkbox"/> SVB
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MAKE: _____ MODEL: _____ SERIAL NO.: _____ SIZE: _____

INITIAL TEST	DCVA/RPBA CHECK VALVE NO.1	DCVA/RPBA CHECK VALVE NO.2	RPBA	PVBA/SVB 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 AIR GAP OK? _____ <b style="color: blue;">NOTE: RP MUST HAVE A 3LB BUFFER	OPENED AT _____PSID NOT OPEN <input type="checkbox"/> CHECK VALVE HELD AT _____PSID LEAKED <input type="checkbox"/>
NEW PARTS AND REPAIRS	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/> OTHER <input type="checkbox"/>
TEST AFTER REPAIRS PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	_____PSID CLOSED TIGHT <input type="checkbox"/>	_____PSID CLOSED TIGHT <input type="checkbox"/>	OPENED AT _____PSID #1 CHECK _____PSID	AIR INLET _____PSID CHK VALVE _____PSID

REMARKS: _____

TESTER'S SIGNATURE _____ CERT. NO. _____ DATE _____

TESTER'S NAME PRINTED _____ TESTERS PHONE # (____) _____

FINAL TEST BY _____ CERT. NO. _____ DATE _____

GAGE CALIBRATION DATE ____/____/____ WATER SERVICE RESTORED YES NO