

# 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>NOTE: RP MUST HAVE A 3LB BUFFER</b>	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