



City of Torrance Municipal Water Department
Field Testing & Maintenance Report Form (Backflow Prevention Devices)

RETURN NO LATER THAN

NAME: _____

DESCRIPTION AND LOCATION OF DEVICE: _____

Reduced Pressure Principle Assembly				
Double Check Valve Assembly				
	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
INITIAL TEST	1. CLOSED AT _____ PSID 2. LEAKED <input type="checkbox"/>	1. CLOSED AT _____ PSID 2. LEAKED <input type="checkbox"/>	OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>	AIR INLET OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>
REPAIRS	CLEANED <input type="checkbox"/> REPLACED: DISC <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> PIN RETAINER <input type="checkbox"/> HINGE PIN <input type="checkbox"/> SEAT <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> OTHER, DESCRIBE <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED: DISC <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> PIN RETAINER <input type="checkbox"/> HINGE PIN <input type="checkbox"/> SEAT <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> OTHER, DESCRIBE <input type="checkbox"/>	CLEANED <input type="checkbox"/> CLND SENSING LINE(S) <input type="checkbox"/> REPLACED: DISC: UPPER <input type="checkbox"/> LOWER <input type="checkbox"/> SPRING <input type="checkbox"/> DIAPHRAGM: LARGE: UPPER <input type="checkbox"/> LOWER <input type="checkbox"/> SMALL <input type="checkbox"/> SEAT: UPPER <input type="checkbox"/> LOWER <input type="checkbox"/> SPACER: LOWER <input type="checkbox"/> OTHER, DESCRIBE <input type="checkbox"/>	CHECK VALVE HELD AT _____ PSID LEAKED <input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED: AIR INLET DISC <input type="checkbox"/> CHECK DISC <input type="checkbox"/> AIR INLET SPRING <input type="checkbox"/> CHECK SPRING <input type="checkbox"/> OTHER, DESCRIBE <input type="checkbox"/>
	FINAL TEST	CLOSED AT _____ PSID	CLOSED AT _____ PSID	OPENED AT _____ PSID REDUCED PRESSURE.

Comments: _____

The above report is certified to be true

INITIAL TEST BY _____ CERTIFIED TESTER NO. [] [] [] [] [] [] DATE [] [] [] [] [] [] MO. DAY YR.

REPAIRED BY _____ DATE _____

FINAL TEST BY _____ CERTIFIED TESTER NO. [] [] [] [] [] [] MO. DAY YR.

MAIL TO: CITY OF TORRANCE, WATER DEPARTMENT, 3031 Torrance Blvd., Torrance, CA 90503



City of Torrance Water Municipal Department

Field Testing & Maintenance Report Form *(Backflow Prevention Devices)*

NOTICE TO TEST BACKFLOW PREVENTION DEVICE

The backflow prevention assembly described on the reverse side hereof is due for its periodic test, as required under Torrance Municipal Code, Ordinance #3280. Will you please have this test performed by a backflow prevention assembly tester possessing a valid Certificate of Competence issued by the Los Angeles County Department of Health Services.

If the test discloses that the assembly is not operating satisfactorily, please have the necessary repairs made and the assembly retested by the Certified tester. On completion of a test showing that the assembly is operating satisfactorily, you are to complete the Test & Maintenance Report form on the reverse side hereof and forward it to this office no later than the date specified on the reverse side of this notice.

Additional information relative to this matter may be obtained by calling our office at

(310) 781-6900