

# Backflow Prevention Assembly Test Report

<b>Service Address</b>  	<b>Test Due</b> / /	Location:  																		
<b>Mailing Address</b>  		<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Check if Correct</th> <th style="width: 20%; text-align: center;">Corrections</th> </tr> </thead> <tbody> <tr> <td>Serial #:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Mfg:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Model:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Type:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Size:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> </tbody> </table>		Check if Correct	Corrections	Serial #:	<input type="checkbox"/>	_____	Mfg:	<input type="checkbox"/>	_____	Model:	<input type="checkbox"/>	_____	Type:	<input type="checkbox"/>	_____	Size:	<input type="checkbox"/>	_____
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Size:	<input type="checkbox"/>	_____																		

Existing <input type="checkbox"/>	Removed <input type="checkbox"/>	Commercial <input type="checkbox"/>	Municipal <input type="checkbox"/>	Domestic <input type="checkbox"/>	Fire <input type="checkbox"/>
New <input type="checkbox"/>	Replaced <input type="checkbox"/>	Residential <input type="checkbox"/>	Industrial <input type="checkbox"/>	Irrigation <input type="checkbox"/>	Bypass <input type="checkbox"/>

	<b>Reduced Pressure Principle Assembly</b>			<b>PVB/SVB</b>
	<b>Double Check Valve Assembly</b>			
	<b>Check Valve #1</b>	<b>Check Valve #2</b>	<b>Relief Valve</b>	
<b>Initial Test</b> Date _____ Time _____ Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Did not Open <input type="checkbox"/>  Opened at _____ PSID	AIR INLET Did not Open <input type="checkbox"/> Opened at _____ PSID CHECK VALVE Opened Fully <input type="checkbox"/> Leaked <input type="checkbox"/> Held at _____ PSID

<b>Repairs</b> Date _____	Cleaned <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Rebuild <input type="checkbox"/> Other <input type="checkbox"/>
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<b>Final Test</b> Date _____ Time _____ Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	AIR INLET Did not Open <input type="checkbox"/> Opened at _____ PSID CHECK VALVE Opened Fully <input type="checkbox"/> Leaked <input type="checkbox"/> Held at _____ PSID
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<b>Air Gap</b> Date _____ Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Supply Pipe Diameter _____ Separation _____	<b>Orientation</b> Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Other _____
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<b>Comments</b>  	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> </tr> <tr> <td>Proper Install</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>RV Exercised</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Service Restored</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Yes	No	Proper Install	<input type="checkbox"/>	<input type="checkbox"/>	RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>	Service Restored	<input type="checkbox"/>	<input type="checkbox"/>
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RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>											
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>											
Yes <input type="checkbox"/> No <input type="checkbox"/> I certify all information on this report is true and accurate, acknowledging that incomplete reports will not be accepted.	Line Pressure _____												
Tester _____ Company _____	Meter Reading _____												
Certification # _____ Phone _____	Test Kit Mfg _____												
Expire _____ Test Kit Serial # _____	Test Kit Model _____												
Signature _____ Calibration Date _____													



**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