

TEST AND MAINTENANCE REPORT (Must Include Meter #)

Owner (Company) & Mailing Address _____

Account # _____ Service Address _____

Meter # _____ Device Size _____ Manufacturer _____ Model _____ Serial # _____

Physical Location of Assembly _____ Contact Name & Phone # _____

REDUCED PRESSURE PRINCIPAL ASSEMBLY				
DOUBLE CHECK ASSEMBLY				PVB
	Check Valve #1	Check Valve #2	Relief Valve	Air Inlet
Initial Test	Tight <input type="checkbox"/> Leaked <input type="checkbox"/> PSI _____	Tight <input type="checkbox"/> Leaked <input type="checkbox"/> PSI _____	Dripping <input type="checkbox"/> Did not open <input type="checkbox"/> Opening PSI _____	Did not <u>Open</u> <input type="checkbox"/> PSI _____
R E P A I R S	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc/O-RING <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Module <input type="checkbox"/> Test Clock (#1#2) <input type="checkbox"/> Other (Describe in comments below)	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc/O-RING <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Module <input type="checkbox"/> Test Clock (#3#4) <input type="checkbox"/> Other (Describe in comments below)	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc (s) <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm (s) <input type="checkbox"/> Module <input type="checkbox"/> Rubber Parts <input type="checkbox"/> Stem <input type="checkbox"/> O-rings <input type="checkbox"/> Other (Describe below)	Check Valve PSI <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> CV Disc <input type="checkbox"/> Air Inlet Disc <input type="checkbox"/> Seat <input type="checkbox"/> Bonnet <input type="checkbox"/> Other (Below)
When existing backflow assembly is replaced, complete <i>this</i> block and "FINAL TEST" with new assembly information. Size: _____ Manufacturer: _____ Model: _____ Serial Number: _____				
Final Test	Tight <input type="checkbox"/> Holding PSI _____	Tight <input type="checkbox"/> Holding PSI _____	Opening PSI _____	Opening PSI _____ Holding PSI _____
Comments: _____ _____				
TEST RESULTS I CERTIFY THE ABOVE INFORMATION TO BE TRUE.				
Initial Test	Date: _____ Cert #: _____	Tested by : (Print) _____ Tested by: (Signature) _____		Passed <input type="checkbox"/> Failed <input type="checkbox"/>
Repair	Date: _____ Cert. #: _____	Repaired by: _____		
Final Test	Date: _____ Cert. #: _____	Retested by: _____		Passed <input type="checkbox"/> Failed <input type="checkbox"/>

DEVICE FAILURE OR LACK OF TESTING In accordance with State and Local Laws, this device shall be repaired within (15) fifteen days of failure. Negligence in completing the testing in a timely manner will result in the suspension of the water service.

Mail this Form to: City of Riverside, Cross-Connection Control, 2911 Adams St., Riverside, CA 92504