

Size _____ Manufacturer _____ Model _____ Serial Number _____

Firm Name: _____

Service Address: _____

Location of Device: _____

Meter Number: _____

Contact Name: _____

Phone: _____

TEST RESULTS

A COPY OF THIS REPORT SHALL BE KEPT BY BOTH OWNER AND CERTIFIED TESTER FOR A PERIOD OF NOT LESS THAN THREE YEARS FROM THE REPORT DATE

MAIL TO: _____

ATTENTION TESTERS: IF THIS ASSEMBLY WAS REPLACED, PLEASE INDICATE CHANGES

MFG. _____ MOD. _____ SIZE _____ SERIAL # _____

Line PSI	<input type="checkbox"/> RPDA II	REDUCED PRESSURE ASSEMBLY		
	<input type="checkbox"/> DCDA II	DOUBLE CHECK ASSEMBLY		
	PVB/SVB			PRESSURE DIFFERENTIAL RELIEF VALVE
	AIR INLET	CHECK VALVE 1 BY-PASS CHECK	CHECK VALVE 2	
INITIAL TEST	<input type="checkbox"/> AI OPENED AT _____ PSID <input type="checkbox"/> DID NOT OPEN	<input type="checkbox"/> HELD AT _____ PSID <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED	<input type="checkbox"/> HELD AT _____ PSID <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED	<input type="checkbox"/> RV OPENED AT _____ PSID <input type="checkbox"/> RV DID NOT OPEN
R E P A I R	<input type="checkbox"/> CLEANED REPLACED	<input type="checkbox"/> CLEANED REPLACED	<input type="checkbox"/> CLEANED REPLACED	<input type="checkbox"/> CLEANED REPLACED
	<input type="checkbox"/> DISC <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> SEAT <input type="checkbox"/> OTHER	<input type="checkbox"/> DISC <input type="checkbox"/> SEAT <input type="checkbox"/> O-RING <input type="checkbox"/> SPRING <input type="checkbox"/> MODULE <input type="checkbox"/> OTHER	<input type="checkbox"/> DISC <input type="checkbox"/> SEAT <input type="checkbox"/> O-RING <input type="checkbox"/> SPRING <input type="checkbox"/> MODULE <input type="checkbox"/> OTHER	<input type="checkbox"/> DISC <input type="checkbox"/> SEAT <input type="checkbox"/> O-RING <input type="checkbox"/> SPRING <input type="checkbox"/> MODULE <input type="checkbox"/> OTHER
Final Test	AI OPENED AT _____ PSID	_____ PSID <input type="checkbox"/> CLOSED TIGHT	_____ PSID <input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> RV OPENED AT _____ PSID

THE ABOVE TEST IS CERTIFIED TO BE TRUE:

Pass Tested by: _____ S.B. CNTY Cert. No. **FA00** Date _____

Failed Tested by: _____ S.B. CNTY Cert. No. **FA00** Date _____

Other/Notes: _____

For questions about this test, your backflow account, or to submit a completed Test and Maintenance Report, please email us at: backflowreports@sbmwd.org or call (909) 453-6194

TEST FAILURE

In accordance with the State Administrative Code Title 17, Section 7605 and the City Water Department Cross Connection Control Policy this device shall be repaired within (20) twenty days from the above test date. Failure to comply may result in the discontinuance of the water service.

Mail Completed Form To: City of San Bernardino



Municipal Water Department
Cross Connection Control
PO Box 710
San Bernardino, CA 92402