Size	Manufa	cturer	Model	Serial Number
Firm Na	me:			
Service A	Address:			
Location	of Device:			
Meter Nu	umber:			
		Contact Name:	Phone:	
A COPY OF THIS REPORT SHALL BE KEPT BY BOTH OW CERTIFIED TESTER FOR A PERIOD OF NOT LESS THAN THR FROM THE REPORT DATE				<u> </u>
	TION TESTERS: IF THIS AS INDICATE CHANGES	SSEMBLY WAS REPLACE	D,	
MFG	MOD	SIZE SERIA	L#	
Line	☐ RPDA II	REDUCED PRESSURE ASSEMBLY		
PSI	☐ DCDA II	DOUBLE CHECK ASSEMBLY		
	AIR INLET	CHECK VALVE 1 BY-PASS CHECK	CHECK VALVE 2	PRESSURE DIFFERENTIAL RELIEF VALVE
INITIAL	☐ AI OPENED AT	☐ HELD AT	☐ HELD AT	☐ RV OPENED AT
TEST	PSID DID NOT OPEN	PSID □ CLOSED TIGHT □ LEAKED	PSID □ CLOSED TIGHT □ LEAKED	PSID RV DID NOT OPEN
	CLEANED	CLEANED	CLEANED	CLEANED
120	REPLACED	REPLACED	REPLACED	REPLACED
R E	DISC	DISC	DISC	DISC
P	☐ SPRING	☐ SEAT	☐ SEAT	☐ SEAT
A	GUIDE	O-RING	O-RING	O-RING
1	☐ SEAT	SPRING	SPRING	SPRING
R	OTHER	MODULE	MODULE	MODULE
8		OTHER	OTHER	OTHER
Final	AI OPENED AT	PSID	PSID	☐ RV OPENED AT
Test	PSID	CLOSED TIGHT	☐ CLOSED TIGHT	PSID
THE ABOVE TEST IS CERTIFIED TO BE TRUE:				
	Pass Tested by:			40000
	Failed Tested by: Other/Notes:			Date
	Other/Notes.	11 1 - 33 7 3 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TO THE SET BY THE EDIT OF THE SECOND OF THE	

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 (15) fifteen 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