



# City of San Jacinto

## BACKFLOW PREVENTION ASSEMBLY TEST MAINTENANCE REPORT

Due Date : \_\_\_\_\_ Signature: Owner / Agent: \_\_\_\_\_

Account No. : \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Size: \_\_\_\_\_  
 Meter No. : \_\_\_\_\_ Model: \_\_\_\_\_ Serial Number: \_\_\_\_\_  
 Service Address: \_\_\_\_\_  
 Cage  Locked  Alarmed

Meter Read: \_\_\_\_\_ Proper Installation: (Y/N) Detector Flow: (Y/N) Inlet Water Pressure: \_\_\_\_\_ PSI

Assembly: <input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> DCDA <input type="checkbox"/> RPDA <input type="checkbox"/> DCDA-II <input type="checkbox"/> RPDA-II	REDUCED PRESSURE PRINCIPLE ASSEMBLY			PRESSURE VACUUM BREAKER
	DOUBLE CHECK ASSEMBLY			
	Check Valve #1	Check Valve #2	Relief Valve	Air Inlet
Initial Test	<input type="checkbox"/> Tight <input type="checkbox"/> Leaked Holding PSID: _____	<input type="checkbox"/> Tight <input type="checkbox"/> Leaked Holding PSID: _____	<input type="checkbox"/> Did Not Open <input type="checkbox"/> Discharging Opening PSID: _____	<input type="checkbox"/> Did Not Open <input type="checkbox"/> Discharging Opening PSID: _____
R E P A I R S	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Rubber Repair Kit <input type="checkbox"/> Other	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Rubber Repair Kit <input type="checkbox"/> Other	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Rubber Repair Kit <input type="checkbox"/> Other	Check Valve Holding PSID: _____ <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Rubber Repair Kit
<b>When existing backflow assembly is replaced, complete this block and "Final Test" with new assembly information:</b>				
<b>Final Read:</b>	<b>Size:</b>	<b>Manufacturer:</b>	<b>Model:</b>	<b>Serial No.:</b>
Final Test	<input type="checkbox"/> Closed Tight Holding PSID: _____	<input type="checkbox"/> Closed Tight Holding PSID: _____	Opening PSID: _____	Opening PSID: _____ Holding PSID: _____

Comments: \_\_\_\_\_  
 \_\_\_\_\_

TEST RESULTS - I certify the above to be true and correct.

Initial	Date: Cert. #:	Tested by (print name) Signature:	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
Repair	Date:	Repaired by :	
Final	Date: Cert. #:	Retested by (print name) Signature:	<input type="checkbox"/> Passed <input type="checkbox"/> Failed

ASSEMBLY FAILURE OR CUSTOMER'S FAILURE TO TEST: In accordance with the State and Local Laws, the assembly shall be repaired or replaced within 15 days of failure. Failure of the customer to complete assembly testing and submit report(s) within the stipulated time frame shall result in the discontinuance of water service. Please Return form To: Email: [sbackflow@sanjacintoca.gov](mailto:sbackflow@sanjacintoca.gov) Fax: (951) 487 7382 Mail: 270 Bissell Place San Jacinto, Ca 92582