

# City of Fountain Valley Backflow Test and Maintenance Report

17300 Mt. Herrmann St., Fountain Valley, Ca. 92708 OR Fax # (714) 556-7362

Phone# (714) 593-4624

**Business/Owner Name:**

**Customer Phone #:**

**Device Location/Address:**

**Type                      Size                      Make                      Model                      Serial #**

## BACKFLOW PREVENTION DEVICE FIELD TESTING AND MAINTENANCE REPORT

REDUCED PRESSURE PRINCIPLE ASSEMBLY				LINE PRESSURE	
DOUBLE CHECK VALVE ASSEMBLY					
	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	PVB/SVB	
INITIAL TEST	Held at _____ PSID LEAKED <input type="checkbox"/>	Held at _____ PSID CLOSED TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/>	Opened at _____ PSID DID NOT OPEN <input type="checkbox"/>	AIR INLET	
				Opened at _____ PSID DID NOT OPEN <input type="checkbox"/>	
	CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/>	CHECK VALVE	
				Held at _____ PSID LEAKED <input type="checkbox"/>	
R	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC(S) <input type="checkbox"/>	CLEANED <input type="checkbox"/>	
E	SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	REPLACED <input type="checkbox"/>	
P	GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	DIAPHRAGM <input type="checkbox"/>	DISC <input type="checkbox"/>	
A	HINGE PIN <input type="checkbox"/>	HINGE PIN <input type="checkbox"/>	SEAT(S) <input type="checkbox"/>	DIAPHRAGM <input type="checkbox"/>	
I	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	O-RING(S) <input type="checkbox"/>	FLOAT <input type="checkbox"/>	
R	MODULE <input type="checkbox"/>	MODULE <input type="checkbox"/>	MODULE <input type="checkbox"/>	SPRING <input type="checkbox"/>	
S	OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>	
	DESCRIBE: <input type="checkbox"/>	DESCRIBE: <input type="checkbox"/>	DESCRIBE: <input type="checkbox"/>	DESCRIBE: <input type="checkbox"/>	
FINAL TEST	Held at _____ PSID	Held at _____ PSID CLOSED TIGHT <input type="checkbox"/>	Opened at _____ PSID	Air Inlet _____ PSID Check Valve _____ PSID	

Comments \_\_\_\_\_

The above report is certified to be true.

\_\_\_\_\_  
INITIAL TEST (SIGNATURE)                      PRINT NAME                      CERT TESTER NO.                      DATE

\_\_\_\_\_  
FINAL TEST/REPAIRS (SIG)                      PRINT NAME                      CERT TESTER NO.                      DATE