



Backflow Prevention Assembly Test Report

Please Return this form to:
Backflow Prevention Program
Utilities - WGW Operations
P.O.Box 10250
Palo Alto, CA 94303
Ph: 650-496-5926
Email: Backflow@cityofpaloalto.org

Please verify and ensure all fields on this form are duly completed

I. GENERAL INFORMATION

Installation #:

Premise:

Contact Person for Site:		Phone Number:		Date of Installation:	
Name of facility:			Street Address Where Assembly is Installed:		
Palo Alto Water Meter # (no more than 5-6 Digits)		Service Type: <input type="checkbox"/> Domestic <input type="checkbox"/> Fire Service <input type="checkbox"/> Irrigation <input type="checkbox"/> Unknown			Last Test Date:
Serial Number:	Manufacturer:		Model:	Size:	Inch
Location of Assembly at Site:				Test Gauge Model:	
Type: <input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> SVB <input type="checkbox"/> DCDA <input type="checkbox"/> RPDA		<input type="checkbox"/> NONE	Is this a primary or secondary device? <input type="checkbox"/> Primary <input type="checkbox"/> Secondary		Previous tag #:

II. TEST REPAIR INFORMATION

Test Results	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Pressure Vacuum Breaker
	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Held at _____ PSID	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight _____ PSID	<input type="checkbox"/> Open at _____ PSID <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Air inlet opened at _____ PSID <input type="checkbox"/> Check Valve held at _____ PSID
Repairs	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/> Replaced: _____ _____ _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/> Replaced: _____ _____ _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/> Replaced: _____ _____ _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/> Replaced: <input type="checkbox"/> Air inlet opened at _____ PSID
Final Test After Repairs:	<input type="checkbox"/> Closed Tight: Held at _____ PSID	<input type="checkbox"/> Closed Tight Held at _____ PSID	<input type="checkbox"/> Open at _____ PSID Reduced Pressure	<input type="checkbox"/> Check Valve held at _____ PSID

City of Palo Alto Certification Tag: Attached to unit Noted 3 letter Month code on tag# _____ - _____

ADDITIONAL NOTES

III. APPROVALS

Date Tested:	Tester Phone #:	Certified Tester #:	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
Company Name:			
Tested By (Signature):		Tested By (Print Name):	

Mailing Address

Address Correction