

Return completed form to:  
**L.A. COUNTY DEPARTMENT OF PUBLIC WORKS**  
**WATERWORKS DISTRICTS**  
**CROSS CONNECTION CONTROL PROGRAM**  
P.O. BOX 1460, Alhambra CA 91802-1460  
Phone: (626) 300-3351 Fax: (626) 300-3385

**BACKFLOW PREVENTION ASSEMBLY**  
**FIELD TEST AND MAINTENANCE REPORT**

TEST DUE: \_\_\_\_\_

Account #: \_\_\_\_\_  
Customer #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Location: \_\_\_\_\_

Device #: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_  
Model: \_\_\_\_\_  
Type: \_\_\_\_\_  
Size: \_\_\_\_\_  
Serial #: \_\_\_\_\_  
Meter #: \_\_\_\_\_

Purpose:  domestic  irrigation  fire  other \_\_\_\_\_

	<b>REDUCED PRESSURE PRINCIPLE ASSEMBLY</b>			RP <input type="checkbox"/>	RPDA <input type="checkbox"/>
	<b>DOUBLE CHECK VALVE ASSEMBLY</b>			DC <input type="checkbox"/>	DCDA <input type="checkbox"/>
	<b>CHECK VALVE #1</b>	<b>CHECK VALVE #2</b>	<b>RELIEF VALVE</b>	PVB <input type="checkbox"/>	Air Gap <input type="checkbox"/>
				SVB <input type="checkbox"/>	AVB <input type="checkbox"/>
<b>INITIAL TEST</b>	Leaked <input type="checkbox"/> Held at _____ PSID	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Did not open <input type="checkbox"/> Opened at _____ PSID	<b>AIR INLET</b> Did not open <input type="checkbox"/> Opened at _____ PSID	
<b>REPAIRS</b>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	<b>CHECK VALVE</b> Leaked <input type="checkbox"/> Held at _____ PSID	
<b>DETAILS</b>				Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	
<b>FINAL TEST</b>	Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	<b>AIR INLET</b> Opened at _____ PSID <b>CHECK VALVE</b> Held at _____ PSID	

**COMMENTS**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Line Pressure \_\_\_\_\_  
Meter Reading \_\_\_\_\_  
Held Backpressure \_\_\_\_\_  
# Shutoff \_\_\_\_\_  
Relief Valve \_\_\_\_\_  
Exercised \_\_\_\_\_

**THE ABOVE REPORT IS CERTIFIED TO BE TRUE**

	Tester #	Print Name	Tester Signature	Phone #	Date	Passed	Failed
Initial Test						<input type="checkbox"/>	<input type="checkbox"/>
Repairs						<input type="checkbox"/>	<input type="checkbox"/>
Final Test						<input type="checkbox"/>	<input type="checkbox"/>

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For new devices please attach three (3) pictures of the backflow device (zoomed-out, zoomed-in, & stamp plate).