

Return completed form to:

**LOS ANGELES COUNTY PUBLIC WORKS  
WATERWORKS DISTRICTS  
CROSS CONNECTION CONTROL PROGRAM**

P.O. BOX 1460, Alhambra CA 91802-1460

Phone: (626) 300-3356 Fax: (626) 300-3385

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

**RETURN NO LATER THAN:** \_\_\_\_\_

Account #: \_\_\_\_\_

Device #: \_\_\_\_\_

Customer #: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

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

Model: \_\_\_\_\_

Type: \_\_\_\_\_

Location: \_\_\_\_\_

Size: \_\_\_\_\_

Serial #: \_\_\_\_\_

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

Meter #: \_\_\_\_\_

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

Address Correction: \_\_\_\_\_