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) 300-3351   BACKFLOW@DPW.LACOUNTY.GOV

**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 _____

			RP ☐	RPDA ☐
			DC ☐	DCDA ☐
			PVB ☐	Air Gap ☐
			SVB ☐	AVB ☐

REDUCED PRESSURE PRINCIPLE ASSEMBLY

DOUBLE CHECK VALVE ASSEMBLY

	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	PVB / SVB
INITIAL TEST	Leaked ☐ Held at _____ PSID	Leaked ☐ Closed Tight ☐ Held at _____ PSID	Did not open ☐ Opened at _____ PSID	**AIR INLET** Did not open ☐ Opened at _____ PSID
REPAIRS **DETAILS**	Cleaned ☐ Replaced ☐	Cleaned ☐ Replaced ☐	Cleaned ☐ Replaced ☐	**CHECK VALVE** Leaked ☐ Held at _____ PSID Cleaned ☐ Replaced ☐ **AIR INLET** Opened at _____ PSID
FINAL TEST	Held at _____ PSID	Closed Tight ☐ 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						☐	☐
Repairs						☐	☐
Final Test						☐	☐

Mailing Address: _____

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