

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:** \_\_\_\_\_

<p>Account #: _____</p> <p>Customer #: _____</p> <p>Address: _____</p> <p>Location: _____</p> <p>Purpose: <input type="checkbox"/> domestic <input type="checkbox"/> irrigation <input type="checkbox"/> fire <input type="checkbox"/> other _____</p>	<p>Device #: _____</p> <p>Manufacturer: _____</p> <p>Model: _____</p> <p>Type: _____</p> <p>Size: _____</p> <p>Serial #: _____</p> <p>Meter #: _____</p>
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	<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"/>
	PVB <input type="checkbox"/>	SVB <input type="checkbox"/>	Air Gap <input type="checkbox"/>	AVB <input type="checkbox"/>	
	<b>CHECK VALVE #1</b>	<b>CHECK VALVE #2</b>	<b>RELIEF VALVE</b>	<b>PVB / SVB</b>	
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	<b>AIR INLET</b> 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"/>	<b>CHECK VALVE</b> Leaked <input type="checkbox"/> Held at _____ PSID	
DETAILS				Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	
FINAL TEST	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	

<b>COMMENTS</b>	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:
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