



**CITY OF REDWOOD CITY  
PUBLIC WORKS SERVICES DEPARTMENT**

1400 Broadway Street, Redwood City, CA 94063  
Phone 650-780-7464 - Fax 650-780-7445

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

Manufacturer	Model	Size	Serial Number
Service Address		Description of Location	
Meter Number		Meter Reading	
Owner Name _____		Mailing Address _____	
Phone Number _____		_____	

<b>Reduced Pressure Principle Assembly</b>				<input type="checkbox"/> RP <input type="checkbox"/> RPDA <input type="checkbox"/> DC <input type="checkbox"/> DCDA <input type="checkbox"/> PVB <input type="checkbox"/> SVB	
<b>Double Check Valve Assembly</b>					
	<b>Check Valve # 1</b>	<b>Check Valve # 2</b>	<b>Relief Valve</b>	<b>PVB/SVB</b>	
	<b>Air Inlet</b>	<b>Check Valve</b>			
<b>INITIAL TEST</b>	Held at _____ PSID Leaked <input type="checkbox"/>	Held at _____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ PSID Did Not Open <input type="checkbox"/>	Opened at _____ PSID Did Not Open <input type="checkbox"/>	Held at _____ PSID Leaked <input type="checkbox"/>
<b>REPAIRS</b>					
<b>FINAL TEST</b>	Held at _____ PSID	Held at _____ PSID Closed Tight <input type="checkbox"/>	Opened at _____ PSID	Opened at _____ PSID	Held at _____ PSID

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

The undersigned certifies this report be true:

<b>INITIAL TEST</b>	Name _____	Certified Tester Number _____	<input type="checkbox"/> PASS
	(Signature) _____	Date _____ Time _____	<input type="checkbox"/> FAIL
<b>REPAIRS</b>	Repaired by _____	Certified Tester Number _____	
	(Signature) _____	Date _____ Time _____	
<b>FINAL TEST</b>	Name _____	Certified Tester Number _____	<input type="checkbox"/> PASS
	(Signature) _____	Date _____ Time _____	<input type="checkbox"/> FAIL