



CITY OF REDWOOD CITY
PUBLIC WORKS SERVICES DEPARTMENT
 1400 Broadway Street, Redwood City, CA 94063
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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 _____		_____	

Check all that apply below:

Reduced Pressure Principle Assembly				<input type="checkbox"/> RP <input type="checkbox"/> RPDA <input type="checkbox"/> Internal Protection <input type="checkbox"/> DC <input type="checkbox"/> DCDA <input type="checkbox"/> Service Protection <input type="checkbox"/> PVB <input type="checkbox"/> SVB <input type="checkbox"/> New Install	
Double Check Valve Assembly					
	Check Valve # 1	Check Valve # 2	Relief Valve	Air Inlet	Check Valve
INITIAL TEST	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"/>
REPAIRS					
FINAL TEST	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:

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