



**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	Serial Number	Size
Service Address		Description of Location	
Meter Number		Backflow Tag ID Number	
Owner Name _____		Mailing Address _____	
Phone Number _____		_____	

Check all that apply below:

<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	

Reduced Pressure Principle Assembly					
Double Check Valve Assembly					
	Check Valve # 1	Check Valve # 2	Relief Valve	PVB/SVB	
				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

New Install

Comments: _____

The undersigned certifies this report be true:

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