



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

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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 |