

Customer Name: _____



BACKFLOW PREVENTION ASSEMBLY TEST MAINTENANCE REPORT

Backflow Account : _____ Manufacturer : _____ Size : _____
 Meter No. : _____ Model : _____ Serial Number : _____
 Service Address : _____ Cage Locked Alarmed
 Location : _____

Meter Read: _____ **Mainline PSI:** _____ **Proper Installation: (Y / N)** _____ **Detector Flow: (Y / N)** _____

Assembly: <input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> DCDA <input type="checkbox"/> RPDA <input type="checkbox"/> DCDA-II <input type="checkbox"/> RPDA-II	REDUCED PRESSURE PRINCIPLE ASSEMBLY			PRESSURE VACUUM BREAKER
DOUBLE CHECK ASSEMBLY				
	Check Valve #1	Check Valve #2	Relief Valve	Air Inlet
Initial Test	<input type="checkbox"/> Tight <input type="checkbox"/> Leaked Holding PSID: _____	<input type="checkbox"/> Tight <input type="checkbox"/> Leaked Holding PSID: _____	<input type="checkbox"/> Did Not Open <input type="checkbox"/> Discharging Opening PSID: _____	<input type="checkbox"/> Did Not Open <input type="checkbox"/> Discharging Opening PSID: _____
R E P A I R S	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc / O-Ring <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Module <input type="checkbox"/> Test Cock (#1 - #2) <input type="checkbox"/> Other	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc / O-Ring <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Module <input type="checkbox"/> Test Cock (#3 - #4) <input type="checkbox"/> Other	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc / O-Ring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Spring <input type="checkbox"/> Stem <input type="checkbox"/> Seat <input type="checkbox"/> Other	Check Valve Holding PSID: _____ <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc / O-Ring <input type="checkbox"/> Module <input type="checkbox"/> Seat <input type="checkbox"/> Other
When existing backflow assembly is replaced, new assembly must be installed per current WMWD standards. Complete this block and "Final Test" with new assembly information: Size: _____ Manufacturer: _____ Model: _____ Serial No.: _____				
Final Test	<input type="checkbox"/> Closed Tight Holding PSID: _____	<input type="checkbox"/> Closed Tight Holding PSID: _____	Opening PSID: _____	Opening PSID: _____ Holding PSID: _____

Comments: _____

TEST RESULTS - I certify the above to be true and correct.

Initial Test	Date: Cert. #:	Tested by (print name): Signature:	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
Repair	Date:	Repaired by (print name):	
Final Test	Date: Cert. #:	Retested by (print name): Signature:	<input type="checkbox"/> Passed <input type="checkbox"/> Failed

Submit form to: westernbackflow@wmwd.com, fax 951.780.0272, or WMWD, ATTN: BACKFLOW PROGRAM, 16451 EL SOBRANTE RD, RIVERSIDE, CA 92503