



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

City of El Segundo Water Dept.

Assembly ID	100002	Facility Name		
Acct Number		Meter	Test Report Due:	
Service Address			Schedule Code	
			Assembly Info	(Replacement/Correction)
Assy Location			SN	<input type="checkbox"/>
Tap Number		Protection	Mfr	<input type="checkbox"/>
Contact Name		Ph	Type	<input type="checkbox"/>
Map Page		#2	Size	<input type="checkbox"/>
			Model	<input type="checkbox"/>
			Install Date	
			Permit Num	
<input type="checkbox"/> Confinement	<input type="checkbox"/> Freeze Protect	Hazard Type	Haz. Level	

Line pressure at time of test: _____

REPORT OF TEST RESULTS

1A

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut Off Valves	#1	#2
Initial Test	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Opened at _____ PSID	<input type="checkbox"/> Air Inlet Opened at _____ PSID	Closed Tight Leaked	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Did not Open <input type="checkbox"/> Check Held at _____ PSID <input type="checkbox"/> Leaked		<input type="checkbox"/>	<input type="checkbox"/>
REPAIR	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	CLEANED REPLACED REPAIR Other	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Diaphragm <input type="checkbox"/> Module <input type="checkbox"/> _____	<input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Module <input type="checkbox"/> _____	<input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> _____	<input type="checkbox"/> Air Inlet Disc <input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Check Disc <input type="checkbox"/> Check Spring <input type="checkbox"/> Float <input type="checkbox"/> Diaphragm <input type="checkbox"/> _____		<input type="checkbox"/>	<input type="checkbox"/>
Other/Notes: _____							
Final Test	_____ PSID	_____ PSID	<input type="checkbox"/> Opened at _____ PSID	Air Inlet _____ PSID	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	_____ PSID	CK Valve _____ PSID		<input type="checkbox"/>	<input type="checkbox"/>

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

Initial Test By	Certificate	Date:	Gauge Num	Time In	Time Out	Company	Phone
Final Test By							
Repair By							