



# BACKFLOW PREVENTION ASSEMBLY FIELD TESTING AND MAINTENANCE REPORT

CSA No. 137 - Live Oak Springs Water System - 5500 Overland Ave, Suite 315 - San Diego, CA 92123

Submit Reports by Fax: (858) 505-6394

or Email: csa173@sdcounty.ca.gov

Owner ID		Customer Name	
Account #		Meter #	
Service Addr.			F/S: Meter Read:
			(Tester: Please note any changes)
BFP Location		SN	<input type="checkbox"/>
Service Type		Mfr	<input type="checkbox"/>
Test Report Due:		Size	<input type="checkbox"/>
Schedule Code		Model	<input type="checkbox"/>
Tester Notes/Comments		Type	<input type="checkbox"/>
		Install Date	

**REPORT OF TEST RESULTS**

	Check Valve #1	Check Valve #2	Relief Valve	PVB	Shut Off Valves		
<b>Initial Test</b>	Held at _____ PSID	Held at _____ PSID	Opened at _____ PSID	Air Inlet Opened at _____ PSID		#1 #2	
	Apparent _____ Actual _____ <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Did Not Open <input type="checkbox"/> Fouled	<input type="checkbox"/> Did not Open <input type="checkbox"/> Check Held at _____ PSID <input type="checkbox"/> Leaked	Closed Tight Leaked	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<b>REPAIR</b>	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> Rubber Kit <input type="checkbox"/> _____	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> Rubber Kit <input type="checkbox"/> _____	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <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"/> Rubber Kit <input type="checkbox"/> _____	<b>IF PVB FAILS NOTIFY:</b>  CSA No. 173 Live Oak Springs Water System  (858) 514-4990	CLEANED REPLACED REPAIR	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	Other/Notes:					Other	<input type="checkbox"/> <input type="checkbox"/>
<b>Final Test</b>	_____ PSID <input type="checkbox"/> Closed Tight	_____ PSID <input type="checkbox"/> Closed Tight	Opened at _____ PSID		Closed Tight	<input type="checkbox"/> <input type="checkbox"/>	<b>Pass</b> <input type="checkbox"/>

**THE ABOVE REPORT IS CERTIFIED TO BE TRUE:**

Test Date	Signatures	Print Name	Certificate No.	Gauge No.	Pass/Fail
		Initial Test By			
		Repair Test By			
		Final Test By			