



**COUNTY OF ORANGE
HEALTH CARE AGENCY
PUBLIC HEALTH SERVICES
ENVIRONMENTAL HEALTH**

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BACKFLOW PREVENTION ASSEMBLY TEST & MAINTENANCE REPORT

OWNER: _____ ADDRESS: _____

MANUFACTURER: _____ MODEL: _____ SIZE: _____ TYPE: _____

SERIAL NUMBER: _____ LOCATION: _____

	REDUCED PRESSURE PRINCIPLE ASSEMBLY			LINE PRESSURE
	DOUBLE CHECK VALVE ASSEMBLY			
	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	PVB / SVB
INITIAL TEST	HELD AT ____ PSID CLOSED TIGHT <input type="checkbox"/> FAILED <input type="checkbox"/> LEAKED <input type="checkbox"/>	HELD AT ____ PSID CLOSED TIGHT <input type="checkbox"/> FAILED <input type="checkbox"/> LEAKED <input type="checkbox"/>	OPENED AT ____ PSID DID NOT OPEN <input type="checkbox"/>	AIR INLET OPENED AT ____ PSID Y N OPENED FULLY <input type="checkbox"/> <input type="checkbox"/>
R E P A I R S	<input type="checkbox"/> CLEANED _____ _____ _____	<input type="checkbox"/> CLEANED _____ _____ _____	<input type="checkbox"/> CLEANED _____ _____ _____	CHECK VALVE HELD AT ____ PSID CLOSED TIGHT <input type="checkbox"/> FAILED <input type="checkbox"/> LEAKED <input type="checkbox"/>
	<input type="checkbox"/> REPLACED _____ _____ _____	<input type="checkbox"/> REPLACED _____ _____ _____	<input type="checkbox"/> REPLACED _____ _____ _____	<input type="checkbox"/> CLEANED _____ _____ _____
FINAL TEST	HELD AT ____ PSID CLOSED TIGHT <input type="checkbox"/>	HELD AT ____ PSID CLOSED TIGHT <input type="checkbox"/>	OPENED AT ____ PSID	AIR INLET ____ PSID CHECK VALVE ____ PSID CLOSED TIGHT <input type="checkbox"/>

PASS FAIL

PURVEYOR _____

COMMENTS _____

INITIAL TEST (SIGNATURE) _____ PRINT NAME _____ CERT. TESTER NO. _____ DATE _____

FINAL TEST (SIGNATURE) _____ PRINT NAME _____ CERT. TESTER NO. _____ DATE _____

TESTER'S COMPANY NAME _____

TESTER'S PHONE NUMBER _____