



County of Orange, Health Care Agency
 Environmental Health Division
 Mail: PO Box 25400, Santa Ana, CA 92799
 Office: 1241 E. Dyer Rd., Ste. 120, Santa Ana, CA 92705
 Phone: (714) 433-6286 / Fax: (714) 433-6481
 OCBackflowTests@ochca.com

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
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 _____ <input type="checkbox"/> REPLACED _____ _____ _____
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 OC REG. TESTER NO. DATE

FINAL TEST (SIGNATURE) PRINT NAME OC REG. TESTER NO. DATE

TESTER'S COMPANY NAME

TESTER'S PHONE NUMBER