

Backflow Prevention Assembly Test and Maintenance Report

El Toro Water District

P.O. Box 4000
Laguna Hills, CA 92654
PH. (949) 837-7050 FAX (949) 837-4192
backflow@etwd.com

Service ID: .

AMS ^:

Address:



Device Information

Location: .	Type: .	Size: .
Manufacturer: .	Serial #: .	Line Pressure: <input type="text"/>
Model: .		

Reduced Pressure Principle Assembly				PVB/SVB	
Double Check Valve Assembly					
	Check Valve #1	Check Valve #2	Relief Valve		
Initial Test	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at _____ PSID	Air Inlet	
	_____ PSID	_____ PSID	Did Not Open <input type="checkbox"/>	Opened at _____ PSID	
	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	
Repairs	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Opened Fully?	
	Replaced: <input type="checkbox"/>	Replaced: <input type="checkbox"/>	Sensing Line <input type="checkbox"/>	Yes <input type="checkbox"/>	
	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	Replaced: <input type="checkbox"/>	No <input type="checkbox"/>	
	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Disc <input type="checkbox"/>	Check Valve	
	Guide <input type="checkbox"/>	Guide <input type="checkbox"/>	Spring <input type="checkbox"/>		Held at: _____ PSID
	Retainer <input type="checkbox"/>	Retainer <input type="checkbox"/>	Diaphragm <input type="checkbox"/>		Leaked <input type="checkbox"/>
	Seat <input type="checkbox"/>	Seat <input type="checkbox"/>	Seat <input type="checkbox"/>		
Other <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>			
Final Test	_____ PSID	_____ PSID		Air Inlet: _____ PSID	
	Closed Tight: <input type="checkbox"/>	Closed Tight: <input type="checkbox"/>	Opened at: _____ PSID	Check Valve: _____ PSID	

Initial Test(Print Name and Sign)

Tester No.

Date

Final Test After Repairs(Print Name and Sign)

Tester No.

Date

Distribution: El Toro Water District
PO Box 4000
Laguna Hills, CA 92654
Fax (949) 837-4192
backflow@etwd.com

Copy: Orange County Health Care Agency
1241 E. Dyer Rd., Ste. 120
Santa Ana, CA 92705
Email: OCBackflowTests@ochca.com

Copy: Customer