



City of Ripon
 Public Works Department
 259 N. Wilma Avenue
 Ripon, Ca 95366
 (209) 599-2151
 Fax (209) 599-2183

BACKFLOW PREVENTION DEVICE TEST REPORT

Owner Name / Address:

Service Name / Address:

Manufacturer _____ Model _____ Size _____ Serial # _____

Device Location _____

New Device Temporary Replacement - Old Serial # _____

Reduced Pressure Principle Assembly				RP <input type="checkbox"/>	DCDA <input type="checkbox"/>
Double Check Valve Assembly				DC <input type="checkbox"/>	RPDA <input type="checkbox"/>
				SVB <input type="checkbox"/>	PVB <input type="checkbox"/>
INITIAL TEST	Check Valve #1	Check Valve #2	Relief Valve	PVD/SVB	
	Held at _____ PSID Leaked <input type="checkbox"/>	Held at _____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ PSID Did Not Open <input type="checkbox"/>	AIR INLET Opened at _____ PSID Did Not Open <input type="checkbox"/>	
REPAIRS: Give details of repairs made here.	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____ Disc _____ Spring _____ Guide _____ Seat _____ Module _____ O-Ring _____ Other	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____ Disc _____ Spring _____ Guide _____ Seat _____ Module _____ O-Ring _____ Other	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____ Disc _____ Spring _____ Diaphragm _____ Seat _____ Module _____ O-Ring _____ Other	CHECK VALVE <input type="checkbox"/> Held at _____ PSID <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced with: Type: _____ Mfg: _____	
FINAL TEST	Closed Tight <input type="checkbox"/> _____ PSID	Closed Tight <input type="checkbox"/> _____ PSID	Opened at _____ PSID	Air Inlet _____ PSID Check Valve _____ PSID	

Comments: _____

Initial Test	Date _____ Time _____ Certified Tester No. _____ <input type="checkbox"/> Passed <input type="checkbox"/> Failed Tested By (Signature) _____ Print Name _____
Repair	Date _____ Time _____ Certified Tester No. _____ Repaired By (Signature) _____ Print Name _____
Final Test	Date _____ Time _____ Certified Tester No. _____ <input type="checkbox"/> Passed <input type="checkbox"/> Failed Tested By (Signature) _____ Print Name _____