



Return this form to:  
 Cross Connection Control Program  
 650 W. Olive Avenue  
 Sunnyvale, CA 94086-7637  
 backflow@sunnyvale.ca.gov

## New Assembly Installation Report

**THIS FORM IS FOR USE WHEN A BACKFLOW PREVENTION ASSEMBLY IS INSTALLED FOR THE FIRST TIME ONLY. DO NOT USE IF IT IS TO REPLACE ANOTHER EXISTING BACKFLOW PREVENTION ASSEMBLY FROM BEING REMOVED.**

### Backflow Assembly Information

Site Name/ Owners Name (To whom the water bill is mailed)

Utility Account Number	Tap #	Type of Service: Standard <input type="checkbox"/> Fire <input type="checkbox"/> Irrigation <input type="checkbox"/> Reclaimed <input type="checkbox"/>
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Service Address of building or residence	Nearest Cross Street
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Backflow Assembly Location; Using specific wording, Identify location.

Manufacturer	Backflow Type	Model Number	Size	Serial Number
Installation Date __/__/____	Hazard Type		Hazard Level High <input type="checkbox"/> Low <input type="checkbox"/>	Protection Type Containment <input type="checkbox"/> Isolation <input type="checkbox"/>

Comments:

### Report of Test Results

#### Initial Test

Reduced Pressure Principle Assembly			PVB	Shut off Valves		
Double check & Reduced Pressure		Differential Relief Valve	Air Inlet Opened at ____ PSID <input type="checkbox"/> Did not open	Closed Tight	#1	#2
Check Valve #1	Check Valve #2				<input type="checkbox"/>	<input type="checkbox"/>
Held at ____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at ____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Opened at ____ PSID <input type="checkbox"/> Opened under 2.0 PSID or did not open	Check held at ____ PSID <input type="checkbox"/> Leaked	Leaked	<input type="checkbox"/>	<input type="checkbox"/>

#### Final Test

Held at ____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at ____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Opened at ____ PSID <input type="checkbox"/> Opened under 2.0 PSID or did not open	Air Inlet Opened at ____ PSID <input type="checkbox"/> Did not open Check held at ____ PSID <input type="checkbox"/> Leaked	Shut off	#1	#2
				Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>
				Leaked	<input type="checkbox"/>	<input type="checkbox"/>

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Sunnyvale Tag #
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Initial test by:	Certified Tester #	Test Date ____/____/____	Company Seal (must include your company name, business address, phone numbers)
Final Test By:	Certified Tester #	Test Date ____/____/____	

The above report is certified to be true: \_\_\_\_\_  
Signature of tester