



City of Sunnyvale
 Office of Utility Billing
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 (408) 737-4960

Backflow Prevention Assembly Test Report

Service Address _____

Check if Correct Corrections

Serial #: _____

Manufacturer: _____

Model: _____

Type: _____

Size: _____

Orientation: _____

Meter #: _____

Mailing Address _____

Owner Name: _____

Location: _____

Owner Phone: _____

On Site Contact Name: _____

On Site Contact Phone: _____

Test Due No Later than: _____

Existing Removed
 New Replaced

Hazard:

Other Describe: _____

Protection

Domestic Irrigation Chiller Fire Main Reclaimed Service
 Boiler Fire Bypass Industrial Internal

Reduced Pressure Principle Assembly				PVB/SVB		Shutoff Valves	
Double Check Valve Assembly			Relief Valve	Air Inlet	Check Valve	#1	#2
Initial Test	Check Valve #1	Check Valve #2	Relief Valve	Air Inlet	Check Valve	CLOSED TIGHT	LEAKED
Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Did not open <input type="checkbox"/> Opened at _____ PSID	Did not open <input type="checkbox"/> Opened at _____ PSID	Leaked <input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>
Repairs	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> O-rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stem guide <input type="checkbox"/> Retainer <input type="checkbox"/> Lock Nuts <input type="checkbox"/> Other <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> O-rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stem guide <input type="checkbox"/> Retainer <input type="checkbox"/> Lock Nuts <input type="checkbox"/> Other <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Rubber Kit <input type="checkbox"/> RV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> Diaphragm(s) <input type="checkbox"/> Sea <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> O-rings <input type="checkbox"/> Other <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Retainer <input type="checkbox"/> Guide <input type="checkbox"/> O-rings <input type="checkbox"/> Other <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Retainer <input type="checkbox"/> Guide <input type="checkbox"/> O-rings <input type="checkbox"/> Other <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Replaced <input type="checkbox"/> Packing <input type="checkbox"/> Bolts <input type="checkbox"/> O-rings <input type="checkbox"/> Other <input type="checkbox"/>
Final Test	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	Opened at _____ PSID	Held at _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

I certify all information on this report is true and accurate

Initial Test: Date _____ Time _____ Passed Failed

Signature _____ Tester _____ Certification # _____

Test Kit Serial # _____ Calibration Date _____

Repairs: Date _____ Time _____
 Signature _____ Tester _____ Certification # _____

Final Test: Date _____ Time _____ Passed Failed

Signature _____ Tester _____ Certification # _____

Test Kit Serial # _____ Calibration Date _____

Yes No
 Proper Installation
 RV Exercised
 #2 Shutoff Closed
 Service Restored

Line Pressure _____

Meter Reading _____

Tag # _____