



Email forms:backflow@smwd.com
 26111 Antonio Pkwy, Rancho Santa
 Margarita, CA 92688 Phone: 949/459-6505

Backflow Prevention Assembly Test Report

Service Address

Mailing Address

Correct?

Location: _____
 Hazard: _____
 Meter #: _____
 Serial #: _____
 Manufacturer: _____
 Model: _____
 Type: _____
 Size: _____

File #:
 Test Month:

Test Due / /

Reduced Pressure Principle Assembly			
Double Check Valve Assembly		Differential Relief Valve	PVB/SVB
Check Valve #1	Check Valve #2	Check Valve #3	Check Valve #4
Closed Tight: <input type="checkbox"/> PSID: _____ Leaked: <input type="checkbox"/>	Closed Tight: <input type="checkbox"/> PSID: _____ Leaked: <input type="checkbox"/>	Opened At: _____ Did Not Open: <input type="checkbox"/>	Opened At: _____ Did Not Open: <input type="checkbox"/> Ck Held At: _____ Leaked : <input type="checkbox"/>
Repairs Cleaned: <input type="checkbox"/> DISC: <input type="checkbox"/> Replaced: <input type="checkbox"/> Guide: <input type="checkbox"/> Spring: <input type="checkbox"/> Diaphragm: <input type="checkbox"/> Hinge P: <input type="checkbox"/> Module: <input type="checkbox"/> Seat: <input type="checkbox"/> O-Rings: <input type="checkbox"/> Notes:	Repairs Cleaned: <input type="checkbox"/> DISC: <input type="checkbox"/> Replaced: <input type="checkbox"/> Guide: <input type="checkbox"/> Spring: <input type="checkbox"/> Diaphragm: <input type="checkbox"/> Hinge P: <input type="checkbox"/> Module: <input type="checkbox"/> Seat: <input type="checkbox"/> O-Rings: <input type="checkbox"/> Notes:	Repairs Cleaned: <input type="checkbox"/> DISC: <input type="checkbox"/> Replaced: <input type="checkbox"/> Guide: <input type="checkbox"/> Spring: <input type="checkbox"/> Diaphragm: <input type="checkbox"/> Hinge P: <input type="checkbox"/> Module: <input type="checkbox"/> Seat: <input type="checkbox"/> O-Rings: <input type="checkbox"/> Notes:	Repairs Cleaned: <input type="checkbox"/> DISC: <input type="checkbox"/> Replaced: <input type="checkbox"/> Guide: <input type="checkbox"/> Spring: <input type="checkbox"/> Diaphragm: <input type="checkbox"/> Hinge P: <input type="checkbox"/> Module: <input type="checkbox"/> Seat: <input type="checkbox"/> O-Rings: <input type="checkbox"/> Notes:
Closed Tight: <input type="checkbox"/> PSID: _____ Leaked: <input type="checkbox"/>	Closed Tight: <input type="checkbox"/> PSID: _____ Leaked: <input type="checkbox"/>	Opened At: _____ Did Not Open: <input type="checkbox"/>	Opened At: _____ Did Not Open: <input type="checkbox"/> Ck Held At: _____ Leaked : <input type="checkbox"/>

I he above report is certified to be true.

Line PSI

Date/Time	Tester	Signature	Tester #	Phone #	Pass	Fail
Initial Test					<input type="checkbox"/>	<input type="checkbox"/>
Final Test					<input type="checkbox"/>	<input type="checkbox"/>

DISTRIBUTION
 ORIGINAL: SMWD CROSS-CONNECTION
 PO BOX 7005
 MISSION VIEJO, CA 92690-7005

COPY: ORANGE COUNTY HEALTH DEPT.
 1241 E. DYER ROAD, SUITE 120
 SANTA ANA, CA 92705
 OCBackFlowTests@ochca.com

COPY: OWNER

NEW BACKFLOW INSTALLS MUST INCLUDE:

- Serial #
- Meter #
- Service Address/Mailing Address
- Hazard (What the bf assembly is protecting from)