

Return completed form to:  
**L.A. COUNTY DEPARTMENT OF PUBLIC WORKS**  
**WATERWORKS DISTRICTS**  
**CROSS CONNECTION CONTROL PROGRAM**  
 P.O. BOX 1460, Alhambra CA 91802-1460  
 Phone: (626) 300-3351 BACKFLOW@DPW.LACOUNTY.GOV

**BACKFLOW PREVENTION ASSEMBLY**  
**FIELD TEST AND MAINTENANCE REPORT**

TEST DUE: \_\_\_\_\_

Account #: \_\_\_\_\_  
 Customer #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Location: \_\_\_\_\_

Device #: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Type: \_\_\_\_\_  
 Size: \_\_\_\_\_  
 Serial #: \_\_\_\_\_  
 Meter #: \_\_\_\_\_

Purpose:  domestic  irrigation  fire  other \_\_\_\_\_

|              |   |  |   |  |                                  |
|--------------|---|--|---|--|----------------------------------|
|              | <b>REDUCED PRESSURE PRINCIPLE ASSEMBLY</b>                            |  |   | RP <input type="checkbox"/>  | RPDA <input type="checkbox"/>    |
|              | <b>DOUBLE CHECK VALVE ASSEMBLY</b>                                    |  |   | DC <input type="checkbox"/>  | DCDA <input type="checkbox"/>    |
|              |   |  |   | PVB <input type="checkbox"/>   | Air Gap <input type="checkbox"/> |
|              |   |  |   | SVB <input type="checkbox"/>   | AVB <input type="checkbox"/>     |
|              | <b>CHECK VALVE #1</b>   | <b>CHECK VALVE #2</b>  | <b>RELIEF VALVE</b>   | <b>PVB / SVB</b>   |                                  |
| INITIAL TEST | Leaked <input type="checkbox"/><br>Held at _____ PSID                 | Leaked <input type="checkbox"/><br>Closed Tight <input type="checkbox"/><br>Held at _____ PSID | Did not open <input type="checkbox"/><br>Opened at _____ PSID         | <b>AIR INLET</b><br>Did not open <input type="checkbox"/><br>Opened at _____ PSID    |                                  |
| REPAIRS      | Cleaned <input type="checkbox"/><br>Replaced <input type="checkbox"/> | Cleaned <input type="checkbox"/><br>Replaced <input type="checkbox"/>                          | Cleaned <input type="checkbox"/><br>Replaced <input type="checkbox"/> | <b>CHECK VALVE</b><br>Leaked <input type="checkbox"/><br>Held at _____ PSID          |                                  |
| DETAILS      |   |  |   | Cleaned <input type="checkbox"/><br>Replaced <input type="checkbox"/>                |                                  |
| FINAL TEST   | Held at _____ PSID  | Closed Tight <input type="checkbox"/><br>Held at _____ PSID                                    | Opened at _____ PSID  | <b>AIR INLET</b><br>Opened at _____ PSID<br><b>CHECK VALVE</b><br>Held at _____ PSID |                                  |

**COMMENTS**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Line Pressure \_\_\_\_\_  
 Meter Reading \_\_\_\_\_  
 Held Backpressure \_\_\_\_\_  
 # Shutoff \_\_\_\_\_  
 Relief Valve \_\_\_\_\_  
 Exercised \_\_\_\_\_

**THE ABOVE REPORT IS CERTIFIED TO BE TRUE**

|              | Tester # | Print Name | Tester Signature | Phone # | Date | Passed                   | Failed                   |
|--------------|----------|------------|------------------|---------|------|--------------------------|--------------------------|
| Initial Test |          |            |                  |         |      | <input type="checkbox"/> | <input type="checkbox"/> |
| Repairs      |          |            |                  |         |      | <input type="checkbox"/> | <input type="checkbox"/> |
| Final Test   |          |            |                  |         |      | <input type="checkbox"/> | <input type="checkbox"/> |

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

For new devices please attach three (3) pictures of the backflow device (zoomed-out, zoomed-in, & stamp plate).