



BACKFLOW PREVENTION ASSEMBLY FIELD TESTING AND MAINTENANCE REPORT

Campo Water Maintenance District - 5500 Overland Ave, Suite 315 - San Diego, CA 92123

Submit Reports by Fax: (858) 505-6394

or Email: water@sdcounty.ca.gov

Owner ID		Customer Name	
Account #		Meter #	
Service Addr.			F/S: Meter Read:
			(Tester: Please note any changes)
BFP Location		SN	<input type="checkbox"/>
Service Type		Mfr	<input type="checkbox"/>
Test Report Due:		Size	<input type="checkbox"/>
Schedule Code		Model	<input type="checkbox"/>
Tester Notes/Comments		Type	<input type="checkbox"/>
		Install Date	

REPORT OF TEST RESULTS

	Check Valve #1	Check Valve #2	Relief Valve	PVB	Shut Off Valves		
Initial Test	Held at _____ PSID	Held at _____ PSID	Opened at _____ PSID	Air Inlet Opened at _____ PSID		#1 #2	
	Apparent _____ Actual _____ <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Did Not Open <input type="checkbox"/> Fouled	<input type="checkbox"/> Did not Open <input type="checkbox"/> Check Held at _____ PSID <input type="checkbox"/> Leaked	Closed Tight Leaked	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
REPAIR	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> Rubber Kit <input type="checkbox"/> _____	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> Rubber Kit <input type="checkbox"/> _____	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> Rubber Kit <input type="checkbox"/> _____	IF PVB FAILS NOTIFY: Campo Water Maintenance District (858) 514-4990	CLEANED REPLACED REPAIR	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Other/Notes:						

Final Test	_____ PSID <input type="checkbox"/> Closed Tight	_____ PSID <input type="checkbox"/> Closed Tight	Opened at _____ PSID		Closed Tight <input type="checkbox"/> <input type="checkbox"/> Pass <input type="checkbox"/>
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THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

Test Date	Signatures	Print Name	Certificate No.	Gauge No.	Pass/Fail
		Initial Test By			
		Repair Test By			
		Final Test By			