



# CITY OF ESCALON

## BACKFLOW TEST REPORT

**Please return report to:**  
 Mail: CITY OF ESCALON  
 2060 McHenry Ave.  
 Escalon CA 95320  
 Fax: 209-691-7409

NAME OF PREMISE: \_\_\_\_\_  Commercial  Residential  Fire

SERVICE ADDRESS: \_\_\_\_\_ CITY: ESCALON ZIP: 95320

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

LOCATION OF ASSEMBLY \_\_\_\_\_

<input type="checkbox"/> NEW INSTALLATION	<input type="checkbox"/> RP	<input type="checkbox"/> DCVA	<input type="checkbox"/> DCDA
<input type="checkbox"/> EXISTING	<input type="checkbox"/> DC	<input type="checkbox"/> RPBA	<input type="checkbox"/> RPDA
<input type="checkbox"/> REPLACEMENT	<input type="checkbox"/> PVB	<input type="checkbox"/> PVBA	
OLD ASSEMBLY SERIAL NUMBER: _____		<input type="checkbox"/> Air Gap <input type="checkbox"/> SVB	

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ SERIAL #: \_\_\_\_\_

	Reduced Pressure Devices				Relief Valve <i>*3 Lb Buffer Required*</i>	Pressure Vacuum Breaker				
	Double Check Valves					Air Inlet	Check valve			
	1st Check		2nd Check							
<b>Initial Test</b>	Closed Tight		Closed Tight		Opened @ Psi		Opened @ Psi		Closed tight	
	Held @ Psi		Held @ Psi		Opened < 2.0 Psi		Opened < 1.0 Psi			
	Leaked		Leaked		or did not open		or did not open		Leaked	
<b>Repairs and Materials Used</b>	1 Cleaned		1 Cleaned		1 Cleaned		1 Cleaned		1 Cleaned	
	Replaced: discs		Replaced: discs		Exercised		Replaced: discs		Replaced: discs	
	spring		spring		Replaced: spring		diaphragm		module	
	guide		guide		diaphragm		FLOAT		other:	
	seat		seat		seat		module			
	o-ring		o-ring		o-ring		other:			
	module		module		module					
	Other:		other:		other:					
<b>Final Test</b>	DC held @ Psi		DC held @ Psi		Opened @ Psi		Opened @ Psi		Closed tight @ Psi	
	RP Psi		Closed Tight							
<b>DEVICE:</b>	Failed		Repaired		Needs Replacing		Replaced		Passed	

REMARKS: \_\_\_\_\_

SYSTEM PRESSURE: \_\_\_\_\_

TESTER'S SIGNATURE \_\_\_\_\_ CERT. NO. \_\_\_\_\_ DATE \_\_\_\_\_

TESTER'S NAME PRINTED \_\_\_\_\_ TESTERS PHONE # \_\_\_\_\_

FINAL TEST BY \_\_\_\_\_ CERT. NO. \_\_\_\_\_ DATE \_\_\_\_\_