



MAMMOTH COMMUNITY WATER DISTRICT

PO Box 597
 Mammoth Lakes, Ca 93546
 Phone: 760-934-2596

Backflow Prevention Assembly Test Report

Mailing Address

Customer Name:
 Customer Mailing Address1:
 Customer Mailing Address2:
 Customer Mailing Address City:
 Customer Mailing Address State:
 Customer Mailing Address Zip:

Device

Manufacture:
 Model #:
 Assembly Type:
 Protection:
 Site Use:
 Size:

Test Due:

Account #:
 Serial #:
 Meter ID:

Service Address

Address:
 Company:
 Contact:
 Hazard:
 Location:

Reduced Pressure Principle Assembly				RP <input type="checkbox"/>	DCDA <input type="checkbox"/>		
Double Check Valve Assembly				DC <input type="checkbox"/>	RPDA <input type="checkbox"/>		
				PVB <input type="checkbox"/>	Air Gap <input type="checkbox"/>		
				SVB <input type="checkbox"/>	AVB <input type="checkbox"/>		
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB			
Initial Test	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did not Open <input type="checkbox"/>	AIR INLET			
	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at _____ PSID	Did not Open <input type="checkbox"/>			
	Held at _____ PSID	Held at _____ PSID		Opened at _____ PSID			
Repairs Details	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	CHECK VALVE			
	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>	Leaked <input type="checkbox"/>			
				Held at _____ PSID			
Final Test	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at _____ PSID	Cleaned <input type="checkbox"/>			
	Held at _____ PSID	Held at _____ PSID		Replaced <input type="checkbox"/>			
				AIR INLET			
				Opened at _____ PSID			
				CHECK VALVE			
				Held at _____ PSID			
Comments				Line Pressure _____			
				Meter Reading _____			
				Held Backpressure _____			
				#2 Shutoff _____			
				Relief Valve Exercised _____			
The above report is certified to be true.							
	Date/Time	Tester	Signature	Tester #	Test Kit	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"/>