



BACKFLOW ASSEMBLY TEST REPORT
GWP/WATER QUALITY
 PH (818) 937-8948, GWPBACKFLOW@GLENDALECA.GOV

GLENDALE, CA 91201

Assembly ID		Facility Name			
Acct Number		Meter #		Test Report Due:	
Service Address				Schedule Code	
				Assembly Info (Replacement/Correction)	
Equip Location		SN		<input type="checkbox"/>	
Location ID		Protection Type		Mfr	
Contact Name		Ph		Type	
Map Page		#2		Size	
				Model	
				Install Date	
				Permit Num	
<input type="checkbox"/> Confinement		<input type="checkbox"/> Freeze Protection		Hazard Type	
				Haz. Level	

Line pressure at time of test: _____ **REPORT OF TEST RESULTS** Approved BFP

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut Off Valves	
Initial Test	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Opened at _____ PSID	<input type="checkbox"/> Air Inlet Opened at _____ PSID		#1 #2
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight		Opened Fully Y <input type="checkbox"/> N <input type="checkbox"/>	Closed Tight	<input type="checkbox"/> <input type="checkbox"/>
Pass	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Check Held at _____ PSID	Leaked	<input type="checkbox"/> <input type="checkbox"/>
Fail				<input type="checkbox"/> Leaked		
R E P A I R	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	CLEANED	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REPLACED	REPLACED	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Air Inlet Disc	REPAIR	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Air Inlet Spring		
	<input type="checkbox"/> Guide	<input type="checkbox"/> Guide	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Check Disc		
	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Check Spring		
	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> Float		
	<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> Diaphragm		
<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit	Other	<input type="checkbox"/> <input type="checkbox"/>	
	Other/Notes: _____					

Final Test	_____ PSID	_____ PSID	<input type="checkbox"/> Opened at _____ PSID	Opened Fully Y <input type="checkbox"/> N <input type="checkbox"/>	Closed Tight	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight		Air Inlet _____ PSID	Pass	<input type="checkbox"/>
			_____ PSID	CK Valve _____ PSID		

THE ABOVE REPORT IS CERTIFIED TO BE TRUE: **PLEASE PRINT NAME** _____ 1A

Initial Test By	Certificate	Test Date:	Gauge Num		Company	Phone
Final Test By						
Repair By						