

**BACKFLOW PREVENTION DEVICE
TEST AND MAINTENANCE REPORT**

FIRST NOTICE

Manufacturer Model Size Type Serial No.

SERVICE ADDRESS & ASSEMBLY LOCATION:

Mailing address:

Zip Code:

RETURN TO:

**CITY OF SANTA BARBARA WATER RESOURCES
POST OFFICE BOX 1990
625 LAGUNA STREET
SANTA BARBARA, CA 93101**

ATTN: CROSS-CONNECTION OFFICE (805) 564-5575

Completed test form due in our office by:

	Check No. 1	Check No. 2	Differential Pressure Relief Valve	Air Inlet
T E S T	Leaked ()	Leaked ()	Opened at _____ psid Differential (2 psi Min.)	Opened at _____ psid
	Closed Tight ()	Closed Tight ()	Did not open ()	Did not open ()
	Held at _____ psid	Held at _____ psid		
R E P A I R S	Cleaned ()	Cleaned ()	Cleaned ()	Cleaned ()
	Replaced: Disc. ()	Replaced: Disc. ()	Replaced: () Disc. Upper () Lower ()	Replaced: Disc. ()
	Spring ()	Spring ()	Spring ()	Spring ()
	Diaphragm ()	Diaphragm ()	Diaphragm ()	Diaphragm ()
	Guide ()	Guide ()	Large-Upper () Lower ()	Float ()
	Pin Ret. ()	Pin Ret. ()	Small ()	Seat ()
	Hinge Pin ()	Hinge Pin ()	Seat: Upper () Lower ()	Other ()
	Seat ()	Seat ()	Spacer ()	Shut off Valve ()
	Other ()	Other ()		
	Shut Off Valve ()	Shut Off Valve ()		
R E T E S T	Leaked ()	Leaked ()	Opened at _____ psid Differential (2 psi Min.)	Opened at _____ psid ()
	Closed Tight ()	Closed Tight ()		Did not open ()
	Held at _____ psid	Held at _____ psid		

REMARKS

All test and/or repairs and maintenance are certified to have been completed on the actual date work is performed unless otherwise indicated in the remark column.

Tested by (please print): _____ Certif.No: _____ Test Date: _____

Repaired by: _____ Repair Date: _____

Final Test by: _____ Certif.No: _____ Final Test Date: _____

Owner/Occupant: _____ Owner's Phone: _____

Tester Signature (do not print): _____ Tester's Phone: _____

FOR OFFICE USE ONLY

Reinspection Required: ()
One Month () Six Months ()
Three Months () One Year ()

Remarks: