

Backflow Device Test Report



Cabazon Water District
14618 Broadway Street
P.O. Box 297
Cabazon, CA 92230
(951) 849-4442 Phone
(951) 849-2519 Fax

Name: _____ Meter #: _____

Address: _____ Account #: _____

Backflow Type (Circle One): RP RPDA DC DCDA PVB

Make: _____ Serial #: _____

Model: _____ Size: _____

First Test	Tight	Leaked	PSID	Relief Valve Opened At:
#1 Check Valve	_____	_____	_____	_____
				Air Inlet Valve Opened At:
#2 Check Valve	_____	_____	_____	_____
Assembly Test Report: _____ Passed _____ Failed				Date: _____

Repairs Made:

Final Test	Tight	Leaked	PSID	Relief Valve Opened At:
#1 Check Valve	_____	_____	_____	_____
				Air Inlet Valve Opened At:
#2 Check Valve	_____	_____	_____	_____
Assembly Test Report: _____ Passed _____ Failed				Date: _____

Comments:

Tested By (Print name): _____ Certificate #: _____

Signature : _____ Date: _____

Contact Phone #: _____