



CROSS CONNECTION SPECIALIST SERVICES

P.O. Box 82292
 Bakersfield, CA 93380-2292
 (661) 637-9969
 ccss02514.com
ccss02514@gmail.com

Backflow Prevention Assembly Field Testing and Maintenance Report

Water Company _____ Contact Name _____
 Facility Name _____
 Service Address _____ City _____

Assembly Information

Existing New Replacement Replaces Serial # _____

Mfg.:	Model:	Type:	Size:	Serial:
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Assembly Location _____

Purpose

Irrigation Meter Fire Other _____

For Detector Assembly: Paired with Serial No. _____

Is the assembly installed in accordance with manufacturer's recommendations and or local codes?
 Yes No

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker			
	Double Check Valve Assembly		Relief Valve	Air Inlet		Check Valve	
	Check Valve 1	Check Valve 2		Opened at	PSID	Held at	PSID
Test Date Initial Test Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Held at PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at PSID Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>		
Test Date Final Test Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Held at PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at PSID Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>		
Remarks:							

This above is certified to be true at the time of testing:

Tester Name _____ Company Name _____
 Address _____ Phone No. _____
 Signature _____ Cert. Agency & No. _____

The backflow prevention assembly detailed above has been tested and maintained as required by CCR Title 17 and CPC Chapter 6 and is certified to be operating within acceptable parameters.

Send a copy of this report to the water purveyor, P.O Box, or e-mail above.