



# BACKFLOW PREVENTION ASSEMBLY FIELD TESTING AND MAINTENANCE REPORT

*Cross-Connection Control, 9550 Lake Jennings Park Road, Lakeside, CA 92040-3513  
Submit Reports by Fax (619) 599-8058 or Email [crossconnection@helixwater.org](mailto:crossconnection@helixwater.org)*

Helix Water District

<b>Assembly ID</b>		<b>Customer Name</b>	
<b>Acct Number</b>		<b>Meter #</b>	
<b>Service Addr.</b>			<b>Assembly Info:</b>
	(Tester: Please note any changes)		
<b>BFP Location</b>		<b>SN</b> <input type="checkbox"/>	
<b>Seq Num</b>		<b>Mfr</b> <input type="checkbox"/>	
<b>Test Report Due:</b>		<b>Size</b> <input type="checkbox"/>	
<b>Schedule Code</b>		<b>Model</b> <input type="checkbox"/>	
<b>Tester Notes/Comments</b>		<b>Type</b> <input type="checkbox"/>	
		<b>Install Date</b>	

Line pressure at time of test: \_\_\_\_\_ **REPORT OF TEST RESULTS**

	Check Valve #1	Check Valve #2	Relief Valve	PVB	Shut Off Valves		
<b>Initial Test</b>	Held at _____ PSID	Held at _____ PSID	Opened at _____ PSID	Air Inlet Opened at _____ PSID		#1 #2	
	Apparent _____ Actual _____ <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Did Not Open <input type="checkbox"/> Fouled	<input type="checkbox"/> Did not Open <input type="checkbox"/> Check Held at _____ PSID <input type="checkbox"/> Leaked	Closed Tight Leaked	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<b>REPAIR</b>	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> Rubber Kit <input type="checkbox"/> _____	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> Rubber Kit <input type="checkbox"/> _____	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> Rubber Kit <input type="checkbox"/> _____	<b>IF PVB FAILS, NOTIFY HELIX WATER DISTRICT 619-667-6224</b>	CLEANED REPLACED REPAIR	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	Other/Notes:					Other	<input type="checkbox"/> <input type="checkbox"/>
<b>Final Test</b>	_____ PSID <input type="checkbox"/> Closed Tight	_____ PSID <input type="checkbox"/> Closed Tight	Opened at _____ PSID		Closed Tight	<input type="checkbox"/> <input type="checkbox"/>	
					<b>Pass</b>	<input type="checkbox"/>	

**THE ABOVE REPORT IS CERTIFIED TO BE TRUE:**

Test Date	Signatures	Print Name	Company Name	Certificate No.	Gauge No.	Pass/Fail
		Initial Test By				
		Repair Test By				
		Final Test By				