

# Villa del Monte Mutual Water Company

P.O. Box 862  
Los Gatos, CA 95031-0862

## Backflow Prevention Assembly Test Report

<p><u>Service Address</u></p>  <p><u>Mailing Address</u></p>  <p>Owner Name: _____          Owner Phone: _____</p> <p>On Site Contact Name: _____          On Site Contact Phone: _____</p>	<p style="text-align: right;">Corrections</p> <p>Serial #: _____</p> <p>Manufacturer: _____</p> <p>Model: _____</p> <p>Type: _____</p> <p>Size: _____</p> <p>Orientation: _____</p> <p>Meter #: _____</p> <p><b>Location:</b> _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<p style="text-align: center;">Test Due No Later than:</p>	<p>Existing <input type="checkbox"/> Removed <input type="checkbox"/></p> <p>New <input type="checkbox"/> Replaced <input type="checkbox"/></p>	<p>Hazard: _____</p>	<p><b>Protection</b></p> <p>Service <input type="checkbox"/></p> <p>Internal <input type="checkbox"/></p>
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Reduced Pressure Principle Assembly			PVB/SVB		Shutoff Valves
Double Check Valve Assembly					
	Check Valve #1	Check Valve #2	Relief Valve	Air Inlet	Check Valve
Initial Test	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Did not open <input type="checkbox"/> Opened at _____ PSID	Did not open <input type="checkbox"/> Opened at _____ PSID Fully Opened <input type="checkbox"/>	Leaked <input type="checkbox"/> Held at _____ PSID
					#1 <input type="checkbox"/> #2 <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> <input type="checkbox"/> LEAKED <input type="checkbox"/> <input type="checkbox"/>

<b>Repairs</b>	
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<b>Final Test</b>	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	Opened at _____ PSID Fully Opened <input type="checkbox"/>	Held at _____ PSID	CLOSED TIGHT <input type="checkbox"/> <input type="checkbox"/>
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<p>Comments: _____</p> <p>I certify all information on this report is true and accurate</p> <p><b>Initial Test:</b> Date _____ Time _____ Passed <input type="checkbox"/> Failed <input type="checkbox"/></p> <p>Signature _____ Tester _____ Certification # _____</p> <p>Test Kit Serial # _____ Test Kit Calibration Date _____</p> <p><b>Repairs:</b> Date _____ Time _____</p> <p>Signature _____ Tester _____ Certification # _____</p> <p><b>Final Test:</b> Date _____ Time _____ Passed <input type="checkbox"/> Failed <input type="checkbox"/></p> <p>Signature _____ Tester _____ Certification # _____</p> <p>Test Kit Serial # _____ Test Kit Calibration Date _____</p>	<p style="text-align: right;">Yes No</p> <p>Proper Installation <input type="checkbox"/> <input type="checkbox"/></p> <p>RV Exercised <input type="checkbox"/> <input type="checkbox"/></p> <p>#2 Shutoff Closed <input type="checkbox"/> <input type="checkbox"/></p> <p>Service Restored <input type="checkbox"/> <input type="checkbox"/></p> <p>Line Pressure _____</p> <p>Meter Reading _____</p> <p>Tag # _____</p>
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