BACKFLOW PREVENTION ASSEMBLY TEST REPORT
CITY OF COLTON PUBLIC UTILITIES DEPARTMENT – WATER QUALITY DIVISION
CROSS CONNECTION CONTROL PROGRAM
160 S. 10TH STREET, COLTON, CALIFORNIA 92324
(909) 370-6164

NAME OF PREMISE _____

SERVICE ADDRESS _____ CITY _____ ZIP _____

CONTACT PERSON _____ PHONE ( ) _____ FAX ( ) _____

LOCATION OF ASSEMBLY _____ METER # _____

METER PROTECTED BY THE FOLLOWING TYPE OF ASSEMBLY _____ DCVA ☐ RPBA ☐ PVBA ☐ OTHER _____

NEW INSTALL ☐ EXISTING ☐ REPLACEMENT ☐ OLD SER. # _____ PROPER INSTALLATION? YES ☐ NO ☐

MAKE OF ASSEMBLY_____ MODEL _____ SERIAL NO. _____ SIZE _____

	DCVA / RPBA CHECK VALVE NO.1	DCVA / RPBA CHECK VALVE NO.2	RPBA	PVBA/SVBA AIR INLET
INITIAL TEST **PASSED** ☐ **FAILED** ☐	CLOSED TIGHT ☐ LEAKED ☐ RP / DC _____ PSID	CLOSED TIGHT ☐ LEAKED ☐ DC _____ PSID	OPENED AT _____ PSID DID NOT OPEN ☐ AIR GAP OK? _____	OPENED AT _____ PSID DID NOT OPEN ☐
NEW PARTS AND REPAIRS	CLEAN REPLACE PART ☐ ☐ _____ ☐ ☐ _____ ☐ ☐ _____ ☐ ☐ _____	CLEAN REPLACE PART ☐ ☐ _____ ☐ ☐ _____ ☐ ☐ _____ ☐ ☐ _____	CLEAN REPLACE PART ☐ ☐ _____ ☐ ☐ _____ ☐ ☐ _____ ☐ ☐ _____	CHECK VALVE HELD AT _____ PSID LEAKED ☐ _____ CLEANED ☐ REPAIRED ☐
TEST AFTER REPAIRS **PASSED** ☐ **FAILED** ☐	CLOSED TIGHT ☐ LEAKED ☐ RP / DC _____ PSID	CLOSED TIGHT ☐ LEAKED ☐ DC _____ PSID	OPENED AT _____ PSID DID NOT OPEN ☐	AIR INLET _____ PSID CHK VALVE _____ PSID

AIR GAP INSPECTION: Required minimum air gap separation provided? Yes ☐ No ☐ **Detector Meter Reading** _____

REMARKS: _____ LINE PRESSURE _____ PSI

_____ USC APPROVED DEVICE? YES ☐ NO ☐ CONFINED SPACE? _____

TESTERS SIGNATURE: _____ CERT. NO. _____ DATE _____

TESTERS NAME PRINTED: _____ TESTERS PHONE # ( ) _____

REPAIRED BY: _____ DATE _____

FINAL TEST BY: _____ CERT. NO. _____ DATE _____

CALIBRATION DATE __ / __ / __ GAUGE # _____ MODEL _____ SERVICE RESTORED? YES ☐ NO ☐

I certify that this report is accurate, and I have used USC 10th Edition approved test methods and test equipment.