



# Backflow Prevention Assembly Test Report

Please Return this form to:  
Cross Connection Control Program  
Utilities - WGW Operations  
P.O.Box 10250  
Palo Alto, CA 94303  
Ph: 650-496-5926  
Email: Backflow@PaloAlto.gov

## 2025

*Please Verify and complete all fields.*

### I. GENERAL INFORMATION

Installation #:

Premise:

<input type="checkbox"/> Please check box if there any changes to this section		<b>Last Test Date:</b>	
Name of facility:		Street Address Where Assembly is Installed:	
Annual Renewal Due:			
Palo Alto Water Meter # (Must be 5 or 6 Digits)		Service Type: <input type="checkbox"/> Domestic <input type="checkbox"/> Fire Service <input type="checkbox"/> Irrigation <input type="checkbox"/> Unknown	
Date of Installation:			
Serial Number:	Manufacturer:	Model:	Size: Inch
New Serial # (If replaced):		Location of Assembly at Site:	
Type: <input type="checkbox"/> RP <input type="checkbox"/> RPDA1 <input type="checkbox"/> RPDA2 <input type="checkbox"/> PVB <input type="checkbox"/> DC <input type="checkbox"/> DCDA1 <input type="checkbox"/> DCDA2 <input type="checkbox"/> SVB		Is this a primary (Service Containment) Primary Secondary or Secondary (Isolation Containment) device? <input type="checkbox"/> <input type="checkbox"/>	
Previous tag #:			
Installation Direction: <input type="checkbox"/> HORIZONTAL <input type="checkbox"/> VERTICAL		Is this device lead free? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Gauge Serial #:		Gauge Calibration Expiration Date:	

### II. TEST REPAIR INFORMATION

	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Pressure Vacuum Breaker
Test Results	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Held at _____ PSID	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight _____ PSID	<input type="checkbox"/> Open at _____ PSID <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Air inlet opened at _____ PSID <input type="checkbox"/> Check Valve held at _____ PSID
Repairs	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/> Replaced: _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/> Replaced: _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/> Replaced: _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/> Replaced:  <input type="checkbox"/> Air inlet opened at _____ PSID <input type="checkbox"/> Check Valve held at _____ PSID
Final Test After Repairs:	<input type="checkbox"/> Closed Tight: Held at _____ PSID	<input type="checkbox"/> Closed Tight Held at _____ PSID	<input type="checkbox"/> Open at _____ PSID Reduced Pressure	
City of Palo Alto Certification Tag: <input type="checkbox"/> Tag tatched to unit <input type="checkbox"/> Noted 3 letter Month code on tag# ____ - ____				

### ADDITIONAL NOTES

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### III. APPROVALS

Date Tested:	Tester Phone #:	Certified Tester #:	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
Company Name:			
Tested By (Signature):		Tested By (Print Name):	

<input type="checkbox"/> Please check box if there any changes to this section	Address Correction:
Mailing Address:	
Contact Email:	Phone #:

Tuesday, June 17, 2025