



CROSS CONNECTION SPECIALIST SERVICES

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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 Pool 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.