



Helendale Community Services District

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(760) 951-0006 • Fax (760) 951-0046

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

Customer Information

Customer Name	
Customer Mailing Address	
Phone Number	
Email Address	

Backflow Tester Information

Name	Tester #	
Phone Number	Email Address	

Backflow Device Information

Manufacturer	Type	Size	Serial #
Facility Name			
Service Address			
Account Number			
Location of Device			

CALL A CERTIFIED TESTER TO TEST THE ABOVE ASSEMBLY. REQUIRED ANNUAL TEST PER STATE HEALTH CODE LAWS AND REGULATIONS. **TEST BACKFLOW ASSEMBLY WITHIN 30 DAYS**

Test Date	Line Pressure			
INITIAL TEST	CHECK VALVE 1	CHECK VALVE 2	Relief Valve	Air Inlet
	HELD AT ____:____ CLOSED TIGHT LEAKED	HELD AT ____:____ CLOSED TIGHT LEAKED	OPEN ____ PSI DID NOT OPEN ____ LEAKED	OPEN ____ PSI DID NOT OPEN ____ CHECK HELD AT ____ PSID LEAKED
REPAIRS	CLEANED ____ REPLACED ____ DISC ____ SPRING ____ GUIDE ____ HINGE PIN ____ SEAT ____ MODULE ____ OTHER ____ DESCRIBE: _____	CLEANED ____ REPLACED ____ DISC ____ SPRING ____ GUIDE ____ HINGE PIN ____ SEAT ____ MODULE ____ OTHER ____ DESCRIBE: _____	CLEANED ____ REPLACED ____ DISC ____ DIAPHRAGM ____ FLOAT ____ SPRING ____ OTHER ____ O-RINGS ____ MODULE ____ DESCRIBE: _____	CLEANED ____ REPLACED ____ DISC ____ DIAPHRAGM ____ FLOAT ____ SPRING ____ OTHER ____ O-RINGS ____ MODULE ____ DESCRIBE: _____
FINAL TEST	____ PSID CLOSED TIGHT	____ PSID CLOSED TIGHT	OPENED AT ____ PSID ____ PSID	AIR INLET ____ PSID CK VALVE ____ PSID

THE ABOVE REPORT IS CERTIFIED TO BE TRUE. PASS FAIL

INITIAL TEST (SIGNATURE)

PRINT

COMPANY & TELEPHONE

TEST AFTER REPAIRS

TESTER #

DATE

ONLY USC APPROVED ASSEMBLIES, SHUT-OFF VALVES, TEST COCKS, PARTS ARE AUTHORIZED FOR USE BY THIS DEPARTMENT. DO NOT REPAIR OR REPLACE ASSEMBLY WITHOUT CONTACTING THE HELENDALE CSD WATER DEPT AT 760-951-0006.