



Test Reports may be faxed to (760) 597-2631.

### Backflow Test Report

**-PLEASE FILL OUT COMPLETELY-**

Service Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Service Address: \_\_\_\_\_ Meter #: \_\_\_\_\_

#### BACKFLOW INFORMATION

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Serial #: \_\_\_\_\_ Size: \_\_\_\_\_

Physical Location: \_\_\_\_\_ At Meter \_\_\_\_\_ Behind Sidewalk \_\_\_\_\_ At Building \_\_\_\_\_ Other: \_\_\_\_\_

Distance from meter: \_\_\_\_\_ ft. Type: \_\_\_\_\_ DC \_\_\_\_\_ DCDA \_\_\_\_\_ RP \_\_\_\_\_ RPDA (Check By-Pass meter for operation)

#### INITIAL TEST

##### #1 Check Valve

Closed \_\_\_\_\_

Leaked \_\_\_\_\_

Apparent Press. Drop \_\_\_\_\_ psi

Actual Press. Drop \_\_\_\_\_ psi

##### #2 Check Valve

Closed \_\_\_\_\_

Leaked \_\_\_\_\_

RPDA By-Pass meter read prior flow test: \_\_\_\_\_ cf

RPDA By-Pass meter read after flow test: \_\_\_\_\_ cf

##### Relief Valve

Opened @ \_\_\_\_\_ psi

#### REPAIRS/REPLACEMENTS/REMARKS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### FINAL TEST

##### #1 Check Valve

Closed \_\_\_\_\_

Leaked \_\_\_\_\_

Apparent Press. Drop \_\_\_\_\_ psi

Actual Press. Drop \_\_\_\_\_ psi

##### #2 Check Valve

Closed \_\_\_\_\_

Leaked \_\_\_\_\_

RPDA By-Pass meter read prior flow test: \_\_\_\_\_ cf

RPDA By-Pass meter read after flow test: \_\_\_\_\_ cf

##### Relief Valve

Opened @ \_\_\_\_\_ psi

The following Certified Tester(s) certifies that the above assembly was tested and/or repaired according to the latest USC Tester Manual. At the time of test, the above assembly performed as reported and was placed back into service after the test. Any device found not meeting manufacturers' specifications or State Health requirements was reported to the Vista Irrigation District within one working day of the Initial Test date.

Initial Test by: Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_ Cert. # \_\_\_\_\_ Date: \_\_\_\_\_

Repaired by: Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_ Cert. # \_\_\_\_\_ Date: \_\_\_\_\_

Final Test by: Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_ Cert. # \_\_\_\_\_ Date: \_\_\_\_\_

#### Testers Test Equipment

Test Kit #: \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Date Calibrated: \_\_\_\_\_

*For VID use only*

Date Report Received: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Cycle No. \_\_\_\_\_  
Revised 10/05