City of Ripon
Public Works Department
259 N Wilma Ave
Ripon, CA 95366
(209)599-2151
Fax: (209)599-2183
Email: backflow@cityofripon.org

Backflow Prevention Device Test Report

The information requested in the box below is required. Please fill out form completely.

Business/Service Name:		
Service Address:		
Owner Name:		
Mailing Address:	**City, State:**	**Zip:**
Contact Name:	**Phone #:**	
Email *(optional)*:		

Manufacturer_____Model_____Size_____Serial #_____

Device Location_____

☐ New Device ☐ Temporary ☐ Replacement—Old Device #_____ ☐ Fire ☐ Irrigation ☐ Domestic

Test reports must be submitted no later than 10 days from test date.

	Reduced Pressure Principle Assembly			RP ☐ DCDA ☐ DC ☐ RPDA ☐ SVB ☐ PVB ☐
	Double Check Valve Assembly			
	Check Valve #1	Check Valve #2	Relief Valve	PVD/SVB
Initial Test	Held at_____PSID ☐ Leaked	Held at_____PSID ☐ Closed tight ☐ Leaked	Opened at_____PSID ☐ Did not open	AIR INLET Opened at_____PSID ☐ Did not open
Repairs	☐ Cleaned ☐ Replaced ___Disc ___Spring ___Guide ___Seat ___Module ___O-Ring ___Other	☐ Cleaned ☐ Replaced ___Disc ___Spring ___Guide ___Seat ___Module ___O-Ring ___Other	☐ Cleaned ☐ Replaced ___Disc ___Spring ___Guide ___Seat ___Module ___O-Ring ___Other	CHECK VALVE ☐ Held at_____PSID ☐ Cleaned ☐ Replaced Type:_____ Mfg:_____
Final Test	☐ Closed Tight _____PSID	☐ Closed Tight _____PSID	Opened at_____PSID	Air Inlet_____PSID Check Valve_____PSID

Notify the Public Works Department if repairs/replacement cannot be made within 14 business days. Failure to report or make necessary repairs/replacements in a timely manner may result in a disconnection of water service until such repairs/replacements are made.

Comments:_____

Initial Test	Date:_____	Time:_____	Results: ☐ Passed ☐ Failed
	Tested by:_____		
Repair	Date:_____	Time:_____	
	Tested by:_____		
Final Test	Date:_____	Time:_____	Results: ☐ Passed ☐ Failed
	Tested by:_____		

I certify all information on this report is true and accurate, acknowledging that incomplete reports will not be accepted.

Firm Name_____Cert #_____Test Kit Serial #_____

Tester Signature_____Phone_____