



CITY OF NEWPORT BEACH
UTILITIES DEPARTMENT
WATER QUALITY DIVISION
 P.O. BOX 1768, NEWPORT BEACH, CA 92658-8915
 Cross Connections Specialist (949) 718-3412
 backflow@newportbeachca.gov

Device No:

Name:

Address:

Location:	Serial No: Size: Make: Type:
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This device must be tested on or before:

IMPORTANT! ONLY THIS FORM WILL BE ACCEPTED FOR PROCESSING				
	Double Check Valve Assembly		Reduce Pressure Principle Assembly	PVB/SVB
	CHECK VALVE 1	CHECK VALVE 2	RELIEF VALVE	AIR INLET
INI-TIAL TEST	Held at _____ PSID Closed Tight é Leaked é	Held at _____ PSID Closed Tight é Leaked é	Opened at _____ PSID Did not Open é	Opened at _____ PSID Did not Open é
R E P A I R S	Cleaned é Replaced é <u>List Parts Below</u>	Cleaned é Replaced é <u>List Parts Below</u>	Cleaned é Replaced é <u>List Parts Below</u>	CHECK VALVE Held at _____ PSID Leaked é Cleaned é Replaced é
FINAL TEST	Held at _____ PSID	Closed Tight é Held at _____ PSID	Opened at _____ PSID	Air Inlet _____ PSID Check Valve _____ PSID

Comments:

The above report is certified to be true

 Tester Company

 Co. Phone (Required)

 Initial Test (Signature)

 Print Name

 Tester No.

 Date

 Final Test / Repairs (Signature)

 Print Name

 Tester No.

 Date