



Submit completed form to:  
**PUBLIC WORKS DEPARTMENT**  
 205 Wetlands Edge Road  
 American Canyon, CA 94503  
 (707) 647-4550  
 Fax: (707) 647-4367 - backflow@cityofamericancanyon.org

## ANNUAL BACKFLOW TEST

Customer Name:			
Service Address:			Phone:
Device Location:			
Type of service:		Type of device:	
Manufacturer	Model	Size	Serial Number

Comments:

### REPORT OF TEST RESULTS

	Reduced Pressure Assembly				
	Double Check Valve				
Initial Test	Check Valve #1	Check Valve #2	Pressure Relief Valve	Shut-Off Valve	
	_____PSID	_____PSID	Opened at_____PSID	No. 1	No. 2
	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened under 2 PSID or did not open <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>
	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>		Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>
REPAIRS	Cleaned <input type="checkbox"/>  Replaced: Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Module <input type="checkbox"/> Other <input type="checkbox"/>	Cleaned <input type="checkbox"/>  Replaced: Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Module <input type="checkbox"/> Other <input type="checkbox"/>	Cleaned <input type="checkbox"/>  Replaced: Disc <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm(s) <input type="checkbox"/> Seats <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> Other <input type="checkbox"/>	Valve No. _____ Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Replaced with: Type: _____ Mfg.: _____	
Final Test	Closed tight <input type="checkbox"/> _____PSID	Closed tight <input type="checkbox"/>	Opened at_____PSID	Both Valves Closed tight <input type="checkbox"/>	

### THE ABOVE REPORT IS CERTIFIED TO BE TRUE

Initial Test By:		Tester #:	Test Date & Time:
Repaired by (if necessary):			Date completed:
Final Test By:		Tester #:	Test Date & Time:

**PASS**       **FAIL**