



SFPUC Water Quality Division

Return this form to:
 SFPUC Water Quality Division
 Cross Connection Program
 P.O. Box 730 Millbrae, CA, 94030-0730



New Assembly Installation Report

THIS FORM IS FOR USE WHEN A BACKFLOW PREVENTION ASSEMBLY IS INSTALLED FOR THE FIRST TIME ONLY. DO NOT USE IF IT IS TO REPLACE ANOTHER EXISTING BACKFLOW PREVENTION ASSEMBLY FROM BEING REMOVED.

Backflow Assembly Information

Site Name/ Owners Name (To whom the SF water bill is mailed)

Meter # _____ Tap # _____ Type of Service: Standard Fire Irrigation Reclaimed

Service Address of building or residence _____ Nearest Cross Street _____

Backflow Assembly Location; Using specific wording, Identify location.

Manufacturer _____ Backflow Type _____ Model Number _____ Size _____ Serial Number _____

Installation Date ____/____/____ Hazard Type _____ Hazard Level High Low Protection Type Containment Isolation

Comments:

Report of Test Results

Initial Test

Reduced Pressure Principle Assembly			PVB	Shut off Valves		
Double check & Reduced Pressure		Differential Relief Valve	Air Inlet Opened at ____ PSID <input type="checkbox"/> Did not open	Closed Tight	#1	#2
Check Valve #1	Check Valve #2				Leaked	<input type="checkbox"/>
Held at ____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at ____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Opened at ____ PSID <input type="checkbox"/> Opened under 2.0 PSID or did not open	Check held at ____ PSID <input type="checkbox"/> Leaked		<input type="checkbox"/>	<input type="checkbox"/>

Final Test

Held at ____ PSID	Held at ____ PSID	Opened at ____ PSID	Air Inlet	Shut off	#1	#2
<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Opened under 2.0 PSID or did not open	Opened at ____ PSID <input type="checkbox"/> Did not open Check held at ____ PSID <input type="checkbox"/> Leaked	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>
				Leaked	<input type="checkbox"/>	<input type="checkbox"/>

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

Pass Fail

DPH Certified Tag # _____

Initial test by:	SF Certified Tester #	Test Date	Company Seal (must include your company name, business address, phone numbers)
		____/____/____	
Final Test By:	SF Certified Tester #	Test Date	Company Seal (must include your company name, business address, phone numbers)
		____/____/____	

The above report is certified to be true: _____

Signature of tester