



BACKFLOW ASSEMBLY TEST REPORT

SERVICE ADDRESS: _____
 OWNER: _____

DATE: _____
 DATE DUE: _____
 ACCOUNT #: _____

DEVICE IDENTIFICATION

MANUFACTURER: _____ MODEL: _____
 SERIAL #: _____ SIZE: _____
 LOCATION DESCRIPTION: _____ TYPE: RP [] DC []
 PVB [] SVB []
 RPDA [] DCDA []

Reduced Pressure Principal Assembly			
Double Check Assembly		Differential Pressure	
Check Valve #1	Check Valve #2	Relief Valve	Pressure Vacuum Breaker

INITIAL TEST

Held at ____ psi Leaked []	Held at ____ psi Held tight [] Leaked []	Open at PSID ____ Did Not Open []	Air Inlet Opened at: ____ psi Did Not Open [] Check Held At: ____ psi Check Leaked []
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PRINT NAME OF TESTING COMPANY	SIGNATURE OF TESTER	DATE TESTED	TESTER #	PASSED (X)	FAILED (X)
Initial Test	Print name: _____ Signature: _____		AWWA CAINV: _____		

REPAIRS (if applicable)

None [] Other [] Repairs made: _____
 Cleaned [] Replaced? yes [] no [] Date repaired: _____

REPLACED DEVICE IDENTIFICATION (if applicable)

MANUFACTURER: _____ TYPE: _____ Comments: _____
 SERIAL #: _____ RP [] DC [] _____
 MODEL: _____ PVB [] SVB [] _____
 SIZE: _____ RPDA [] DCDA [] _____

FINAL TEST

Held at ____ psi	Held at ____ psi	Opened At PSID ____	Air Inlet Opened _____ Check Holds At _____ psi
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PRINT NAME OF TESTING COMPANY	SIGNATURE OF TESTER	DATE TESTED	TESTER #	PASSED (X)	FAILED (X)
Final Test	Print name: _____ Signature: _____		AWWA CAINV: _____		

Beginning in 2026, all backflow testing materials will be submitted online at: lapuentewater.com/your-water/cross-connection/
 Call (626) 336-1307 for any questions: Monday through Thursday from 7 a.m. to 4:30 p.m. and every other Friday from 7 a.m. to 3:30 p.m.