



COMMUNITY SERVICES DISTRICT

JURUPA COMMUNITY SERVICES DISTRICT
11201 HARREL STREET, JURUPA VALLEY, CA 91752
Technical Services Department
(951) 685-7434 *** EXT. 197
BFConnection@jcsd.us

Proudly serving Jurupa Valley and Eastvale

| | | | | | |
|--------------------------------------|--|--|--|--------------------------|--|
| Assembly ID | | Facility Name | | | |
| Acct Number | | Meter # | | Test Report Due: | |
| Service Address | | | Schedule Code | | |
| | | | Assembly Info (Replacement/Correction) | | |
| Equip Location | | | SN | <input type="checkbox"/> | |
| Location ID | | Protection Type | Mfr | <input type="checkbox"/> | |
| Contact Name | | Ph | Type | <input type="checkbox"/> | |
| Map Page | | #2 | Size | <input type="checkbox"/> | |
| | | | Model | <input type="checkbox"/> | |
| | | | Install Date | | |
| | | | Permit Num | | |
| <input type="checkbox"/> Confinement | | <input type="checkbox"/> Freeze Protection | Hazard Type | Haz. Level | |

Line pressure at time of test: _____

REPORT OF TEST RESULTS

Approved BFP

| | Check Valve #1 | Check Valve #2 | Relief Valve | PVB/SVB | Shut Off Valves |
|----------------------------|---|---|---|---|--|
| Initial Test | <input type="checkbox"/> Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked | <input type="checkbox"/> Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked | <input type="checkbox"/> Opened at _____ PSID <input type="checkbox"/> Did Not Open | <input type="checkbox"/> Air Inlet Opened at _____ PSID Opened Fully Y <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/> Check Held at _____ PSID <input type="checkbox"/> Leaked | #1 <input type="checkbox"/> #2 <input type="checkbox"/> Closed Tight <input type="checkbox"/> <input type="checkbox"/> Leaked <input type="checkbox"/> <input type="checkbox"/> |
| | | | | | |
| Pass Fail | <input type="checkbox"/> CLEANED REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> Rubber Kit <input type="checkbox"/> _____ | <input type="checkbox"/> CLEANED REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> Rubber Kit <input type="checkbox"/> _____ | <input type="checkbox"/> CLEANED REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> Rubber Kit <input type="checkbox"/> _____ | <input type="checkbox"/> CLEANED REPLACED <input type="checkbox"/> Air Inlet Disc <input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Check Disc <input type="checkbox"/> Check Spring <input type="checkbox"/> Float <input type="checkbox"/> Diaphragm <input type="checkbox"/> Rubber Kit <input type="checkbox"/> _____ | CLEANED REPLACED REPAIR Other <input type="checkbox"/> <input type="checkbox"/> |
| | | | | | |
| Other/Notes: _____ | | | | | |
| Final Test | _____ PSID <input type="checkbox"/> Closed Tight | _____ PSID <input type="checkbox"/> Closed Tight | <input type="checkbox"/> Opened at _____ PSID | Opened Fully Y <input type="checkbox"/> N <input type="checkbox"/> Air Inlet _____ PSID CK Valve _____ PSID | Closed Tight <input type="checkbox"/> <input type="checkbox"/> Pass <input type="checkbox"/> |

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

| | | | | | | |
|-------------------------|-------------|------|-----------|---------|-------|--|
| Initial Test By - Print | Certificate | Date | Gauge Num | Company | Phone | |
| Final Test By - Print | | | | | | |
| Repair By - Print | | | | | | |