



**COMMUNITY SERVICES DISTRICT**

Proudly serving Jurupa Valley and Eastvale

**JURUPA COMMUNITY SERVICES DISTRICT**  
11201 HARREL STREET, JURUPA VALLEY, CA 91752

**Technical Services Department**  
(951) 685-7434 \*\*\* EXT. 197  
BFConnection@jcsd.us

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