



Return this form to:
 Cross Connection Control Program
 456 W. Olive Avenue
 Sunnyvale, CA 94086-7637
 backflow@sunnyvale.ca.gov

New Assembly Installation Report

THIS FORM IS FOR USE WHEN A BACKFLOW PREVENTION ASSEMBLY IS INSTALLED FOR THE FIRST TIME ONLY. DO NOT USE THIS FORM WHEN REPLACING AN EXISTING BACKFLOW PREVENTION ASSEMBLY OR FOR ANY OTHER REASON.

Backflow Assembly Information

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

Type of Service: Domestic ☐ 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 <input type="checkbox"/> Low <input type="checkbox"/>	Protection Type Containment <input type="checkbox"/> Isolation <input type="checkbox"/>	

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 Check held at ____ PSID <input type="checkbox"/> Leaked	Closed Tight Leaked	#1	#2
Check Valve #1	Check Valve #2					
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				

Final Test

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

Pass ☐ Fail ☐

Backflow Test Tag #

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

Test Kit Serial #

Calibration Date

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted:

Signature of tester