Note: Installation of new backflow assemblies are approved by local Building & Safety Department or other Authority Having Jurisdiction via plumbing/construction permits. Obtain appropriate permits upon installation of backflow assemblies.

TESTABLE ASSEMBLIES: For the protection of your drinking water supply the backflow prevention assembly, as described on the reverse-side of this form, shall be tested at least annually pursuant to the requirements outlined in the California Code of Regulations, Title 17 § 7605, Los Angeles County Code, Title 11 § 11.38.480, California Health & Safety Code, section 116800 and California Plumbing Code, section 603.2:

* Backflow prevention assemblies shall be tested at the time of installation, repair, or relocation and not less than on an annual schedule thereafter, or more often where required by the Authority Having Jurisdiction*. Where found to be defective or inoperative, the assembly shall be repaired or replaced. No assembly shall be removed from use or relocated or other device or assembly substituted, without the approval of the Authority Having Jurisdiction.

* The testing of backflow prevention assemblies shall be performed by a qualified individual possessing a valid Backflow Testers Certificate of Competency issued by the County of Los Angeles Department of Public Health. A list of companies employing certified backflow prevention assembly testers can be found at:

    http://www.publichealth.lacounty.gov/eh/business/certified-backflow-testers.htm

* On the request of the owner/operator our office will verify reports/results that indicate an assembly failure. Call for details.

* Once the backflow testing has been performed the certified backflow assembly tester shall fill in the test notice with results of the test and return the test notice to you for processing it back to this program. Make a copy for your records and send the original back to this office.

MONITORING OF NON-TESTABLE DEVICES

* Air gaps or any other devices used in lieu of a testable backflow prevention assembly for the protection of the potable water supply shall be monitored by the project manager/owner and reported back to this program as still in compliance or if missing shall be replaced.

Delinquent backflow prevention assembly testing & monitoring notices and/or failure to test the backflow prevention assembly may result in an administrative hearing. Additional fees shall apply (Title 8 Sec. 8.04.840 LACC).

Backflow prevention assembly testing & monitoring notices under the jurisdiction of this Department shall originate from the Department of Public Health, Environmental Health Division. Water companies and Cities may also send backflow testing notices for assemblies located at the water service connection. Call this office if you receive duplicate test notices on the same backflow prevention assembly, this office will work with the water company to rectify any duplications.

Testing & monitoring test notices are only mailed to the owner/manager having control of the backflow prevention assembly\device. As the owner/manager, you are responsible for the processing and timely return of the notices to this program by the date indicated on the reverse side of this notice.

Concluding the testing of the backflow assembly, sign and date the test notice and mail the original to this Department at the address listed below. Keep a copy for your records. To avoid redundant copies the testing company should not mail in the notice. Do not pre-sign nor pre-date the test notice prior to handing it over to the tester.

You may request a field inspector from this department to conduct a survey of your premises to evaluate hazards that may potentially contaminate your domestic water supply by means of a cross-connection. Forward any and all complaints and/or questions to the address and/or email listed below.

Contact Information: **Los Angeles County Department of Public Health, Environmental Health**
Cross Connections & Water Pollution Control Program
Dan Bacani - dbacani@ph.lacounty.gov 626-430-5290 main office

* The Authority Having Jurisdiction shall be a federal, state, local, or other regional department or an individual such as a plumbing official, mechanical official, labor department official, health department official, building official, or others having statutory authority (CCR Title 24, Chapter 2).

Los Angeles County Department of Public Health
Environmental Health
Cross Connections & Water Pollution Control Program
5050 Commerce Drive, Room 116
Baldwin Park, CA 91706-1423

BACKFLOW PREVENTION DEVICE FIELD TESTING AND MAINTENANCE REPORT

Owner/Manager Signature Required
http://www.publichealth.lacounty.gov/eh

Return original test form only
Copies or faxes not accepted

NOTICE SENT ON :

RETURN NO LATER THAN:

MANUFACTURER: **MODEL:**   **SIZE:**   **SERIAL NUMBER:**

FIRM #:   **LOCATION**

Water Pressure: **SUB-FIRM #:**   **DEVICE #:**

Apparent reading	# 1 CHECK VALVE	#2 CHECK VALVE	DIFFERENTIAL PRESSURE RELIEF VALVE	AIR INLET VALVE ☐ 3rd CHECK ☐	AIR GAP	NOTE: Check with Building & Safety for installation or removal permits of backflow devices. Only approved backflow devices shall be installed.
INITIAL TEST	CLOSED AT /FINAL READING ____ PSID LEAKED ☐	CLOSED AT: ____ PSID LEAKED ☐ CLOSED TIGHT ☐	OPENED AT: ____ PSID DID NOT OPEN ☐	OPENED AT: ____ PSID DID NOT OPEN ☐ LEAKED ☐ CLOSED AT ____ PSID	2 PIPE DIAMETERS APPROVED ☐	If device replaced, reason ☐ Not Repairable ☐ Parts not available ☐ Stolen/missing ☐ Owner request

INITIAL TEST: ☐ **PASSED**   ☐ **REPAIRS/REPLACED**   **DESCRIBE**

| **REPAIRS** | CLEANED ☐
 REPLACED:
 DISC ☐
 DISC HOLDER ☐
 SPRING ☐
 GUIDE ☐
 HINGE PIN ☐
 SEAT ☐
 O-RINGS ☐
 MODULE ☐
 OTHER ☐
   DESCRIBE | CLEANED ☐
 REPLACED:
 DISC ☐
 DISC HOLDER ☐
 SPRING ☐
 GUIDE ☐
 HINGE PIN ☐
 SEAT ☐
 O-RINGS ☐
 MODULE ☐
 OTHER ☐
   DESCRIBE | CLEANED ☐
 REPLACED:
 DISC ☐
 DISC HOLDER ☐
 SPRING ☐
 DIAPHRAGM(S) ☐
 SEAT ☐
 O-RINGS ☐
 MODULE ☐
 OTHER ☐
   DESCRIBE | CLEANED ☐
 REPLACED:
 DISC ☐
 DISC HOLDER ☐
 SPRING ☐
 CANOPY ☐
 DIAPHRAGM ☐
 O-RINGS ☐
 OTHER ☐
   DESCRIBE | OBSTRUCTED ☐

 MODIFIED ☐

 BY PASSED ☐

 BREACHED ☐ | Check Box(s) if applicable & mail back:
 ☐ Business sold/closed
 ☐ Device removed Vertification needed be Field Inspector
 ☐ New ownership/business, test device and update this form below
 ☐ Moved - include new address
 ☐ Other

 Only use blank forms for testing & registering **new** installations. |

| **OTHER REPLACEMENTS:** | TESTLOCK #1 ☐
 TESTLOCK #2 ☐ | TESTLOCK #3 ☐
 TESTLOCK #4 ☐ | SHUTOFF #1 ☐
 SHUTOFF #2 ☐ | | |

| **FINAL TEST** | APP READING: ____ PSID
 CLOSED AT/FINAL READING ____ PSID | CLOSED AT ____ PSID
 CLOSED TIGHT ☐ | OPENED AT: ____ PSID | OPENED AT: ____ PSID | RESTORED ☐ | TESTING COMPANY |

FINAL TEST: **PASSED** ☐

| | TESTING COMPANY PHONE NUMBER |
| | GAUGE MAKER, MODEL & SERIAL |
TESTER NOTES: | CALIBRATION DATE |

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

PI ☐☐☐☐☐☐☐

_____   **TESTER #**   **MO** **DAY** **YR** **TIME**
INITIAL TEST BY (SIGNATURE)   **(PRINT NAME)**

WORK PERFORMED

_____   **MO** **DAY** **YR**
REPAIR BY (SIGNATURE)   **(PRINT NAME)**

PI ☐☐☐☐☐☐☐

_____   **TESTER #**   **MO** **DAY** **YR** **TIME**
FINAL TEST BY (SIGNATURE)   **(PRINT NAME)**

I ACKOWLEDGE RECEIPT OF COMPLETED, ORIGINAL TEST FORM

Site Contact & Phone # _____

_____
OWNER/MANAGER (SIGNATURE)   **(PRINT NAME)**   **(DATE)**

CORRECTIONS ADDRESS/BUSINESS NAME