



## RE: NOTICE OF BACKFLOW PREVENTION DEVICE TESTING

For the protection of your drinking water supply the backflow prevention device, as described on the reverse-side of this notice, was installed on the premises which is owned or controlled by you. Pursuant to the requirements of the California Code of Regulations, Title 17, the Los Angeles County Code, Title 11 § 11.38.480 and California Health & Safety Code, section 116800:

- Backflow prevention devices shall be tested at least once each calendar year, to determine whether it is functioning satisfactorily. If the device is found defective, repair or replace the device. You may call our office to verification failed devices and the need to replace a backflow prevention device. Check with your local Building & Safety Department for installation or removal permits of the backflow prevention device.
- Backflow prevention device test 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 test notices for devices located at the water service connection. Call this office if you receive duplicate test notices from different agencies. Our office will make contact with the water company to verify authority.
- The original test notices will be sent directly to you, the owner/manager of this backflow device. You are responsible for the processing and timely return of the notices to the Environmental Health Division by the date specified on the reverse side of this notice.
- The testing must be performed by a qualified individual possessing a valid Backflow Testers Certificate of Competency issued by the County of Los Angeles. Besides your local telephone directory a list of companies certified to perform backflow testing can be found at:

[www.publichealth.lacounty.gov/eh/docs/ep\\_cross\\_con\\_emplist.pdf](http://www.publichealth.lacounty.gov/eh/docs/ep_cross_con_emplist.pdf)

Once the backflow testing has been performed the certified tester will fill in this notice and return the notice to you. Please sign and date the test notice and mail the original test notice to this Department to the address listed below. Keep a copy for your records. The testing company should not mail in the form. We suggest that you do not resign nor predate the test notice. Please forward any complaints and/or questions to the address listed below.

You may request a field inspector from this department to conduct a survey of your premises to evaluate hazards that may potentially contaminate the domestic water supply by means of a cross connection; no fee for this service.

Contact Information: Los Angeles County Department of Public Health  
Environmental Health / Cross Connection & Water Pollution Control Program  
(626) 430-5290

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

# BACKFLOW PREVENTION DEVICE FIELD TESTING AND MAINTENANCE REPORT

Owner/Operator Signature Required

<http://www.publichealth.lacounty.gov/eh>

Return original test form only  
Copies or faxes not accepted

RETURN NO LATER THAN:

MANUFACTURER	MODEL	SIZE	SERIAL NUMBER	
LOCATION				
Water Pressure:				
Apparent reading	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	AIR INLET VALVE
INITIAL TEST	CLOSED AT/FINAL READING _____ PSID LEAKED <input type="checkbox"/>	CLOSED AT _____ PSID LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/>	OPENED AT _____ PSID OPENED UNDER 2# <input type="checkbox"/> OR DID NOT OPEN	OPENED AT _____ PSID OPENED UNDER 1# <input type="checkbox"/> OR DID NOT OPEN
<b>INITIAL TEST: <input type="checkbox"/> PASSED / FAILED <input type="checkbox"/></b>				
REPLACEMENTS	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
	REPLACED:	REPLACED:	REPLACED:	REPLACED:
	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC(S) <input type="checkbox"/>	DISC <input type="checkbox"/>
	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
	SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>
	GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	DIAPHRAGM(S) <input type="checkbox"/>	CANOPY <input type="checkbox"/>
	HINGE PIN <input type="checkbox"/>	HINGE PIN <input type="checkbox"/>	SEAT <input type="checkbox"/>	DIAPHRAGM <input type="checkbox"/>
	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>
	O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	MODULE <input type="checkbox"/>	OTHER <input type="checkbox"/>
	MODULE <input type="checkbox"/>	MODULE <input type="checkbox"/>	OTHER DESCRIBE: _____	DESCRIBE: _____
OTHER DESCRIBE: _____	OTHER DESCRIBE: _____			
OTHER REPLACEMENTS:		TESTCOCK #1 <input type="checkbox"/>	TESTCOCK #3 <input type="checkbox"/>	SHUTOFF #1 <input type="checkbox"/>
		TESTCOCK #2 <input type="checkbox"/>	TESTCOCK #4 <input type="checkbox"/>	SHUTOFF #2 <input type="checkbox"/>
FINAL TEST	APP. READING _____ PSID CLOSED AT/FINAL READING _____ PSID	CLOSED AT _____ PSID CLOSED TIGHT <input type="checkbox"/>	OPENED AT _____ PSID	OPENED AT _____ PSID
<b>FINAL TEST: PASSED <input type="checkbox"/></b>				

Comments:

**NOTE: Check with Building & Safety for installation or removal permits of backflow devices. Only approved backflow devices shall be installed.**

If device replaced, reason:

Not repairable  
 Parts not available  
 Stolen/missing  
 Owner request

Check Box(s) if applicable & mail back:

Business sold/closed  
 Device removed - verification needed by Field Inspector  
 New ownership/business, test device and update this form below  
 Other:

Use blank forms for testing & registering **new** installations.

TESTING COMPANY \_\_\_\_\_

TESTING COMPANY PHONE NUMBER \_\_\_\_\_

GAUGE MAKE, MODEL & SERIAL # \_\_\_\_\_

CALIBRATION DATE \_\_\_\_\_

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

\_\_\_\_\_  
INITIAL TEST BY (SIGNATURE) (PRINT NAME)

\_\_\_\_\_  
REPAIRED BY (SIGNATURE) (PRINT NAME)

\_\_\_\_\_  
FINAL TEST BY (SIGNATURE) (PRINT NAME)

\_\_\_\_\_  
TESTER #

\_\_\_\_\_  
MO DAY YR TIME

\_\_\_\_\_  
MO DAY YR

\_\_\_\_\_  
TESTER #

\_\_\_\_\_  
MO DAY YR TIME

I ACKNOWLEDGE RECEIPT OF COMPLETED, ORIGINAL TEST NOTICE:

\_\_\_\_\_  
OWNER/MANAGER (SIGNATURE) (PRINT NAME) (DATE)

Site Contact  
& Phone # \_\_\_\_\_

\_\_\_\_\_  
CORRECTIONS: ADDRESS / BUSINESS NAME

\_\_\_\_\_