DONA ANA MUTUAL DOMESTIC CONSUMERS ASSOCIATION

CUSTOMER INFORMATION

Owner's Name _____ **Business Name** _____

Mailing Address _____ **Zip** _____ **Premise Location** _____

Customer Contact Person _____ **Phone No.** _____ **e-mail Address** _____

Commercial ☐ **Industrial** ☐

ASSEMBLY INFORMATION

MAIN EXISTING ASSEMBLY: (Please check one) **Containment** ☐ **Isolation** ☐

Mfg.: _____ **Model No:** _____ **Serial No:** _____ **Size:** _____ **BPA type** _____

Application of Assembly: Domestic ☐ **Fire** ☐ ☐ **Fire (Booster System)** **Irrigation** ☐ **Physical Location:** _____

Please use the sections below as they apply.

For Fire RP Detector Assembly: ¾" **Water Meter Serial:** _____ ¾ **Water Meter Reading :** _____

Mfg: _____ **Model No:** _____ **Serial No:** _____ **Main Fire RP Size:** _____

IF ANY EXISTING ASSEMBLIES ARE REPLACED, DESCRIBE NEW ASSEMBLY BELOW:

Mfg.: _____ **Model No:** _____ **Serial No:** _____ **Size:** _____

TEST RESULTS

Test Date _____ **Test Time** _____ **Please check one: Initial Test** ☐ **Annual Test** ☐ **Repair Test** ☐

If applicable, the water meter serial number (s) must be recorded for all initial testing.

Domestic / Irrigation Water Meter Serial # _____

STEPS	MINIMUM REQUIREMENTS	RESULTS
REDUCED PRESSURE 1. Obtain Apparent Reading (AR) of CV #1. 2. Determine Relief Valve (RV) opening point. 3. Determine if CV #2 closes tight. 4. Obtain Confirmed Reading (CR) of CV #1.	1. 5.0 PSID 2. 2.0 PSID 3. Must close tight 4.>RV opening point and at least 5.0 PSID	1. _____ 2. _____ 3. YES ☐ NO ☐ 4. _____
DC with Duplex/Differential* Gauges 1. Obtain PSID of CV #1. 2. Determine if CV #1 closes tight. 3. Obtain PSID of CV #2. 4. Determine if CV #2 closes tight. *Steps 1 and 3 only for Differential Gauges. All steps for Duplex Gauges.	1. 1.0 PSID 2. Must close tight 3. 1.0 PSID 4. Must close tight	1. _____ 2. YES ☐ NO ☐ 3. _____ 4. YES ☐ NO ☐
PVB or SVB 1. Obtain opening PSID of air inlet valve. 2. Determine if CV closes tight in direction of flow.	1. 1.0 PSID 2. 1.0 PSID	1. _____ 2. _____

COMMENTS/REPAIRS:

Main Water Meter Consumption Reading: _____

This report details that the backflow device assembly had been tested and maintained as required and is certified to be operating within the acceptable parameters. I also certify that I tested this assembly and the test results are true.

TESTER CERTIFICATION INFORMATION

Tester (Printed) _____ **Tester No.** _____ **Phone No.** _____ **Date form filled out** _____

Tester (Signature) _____ **Employer** _____ **Employer Phone No.** _____

Test Gauge Information/ Manufacturer _____ **Model** _____ **Serial Number** _____ **Calibration Date** _____

Please fill out form completely and submit within 10 working days. Incomplete and out dated forms will not be accepted and will be sent back to tester for completion.