



# ENVIRONMENTAL HEALTH DIVISION

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MATTHEW COSTANTINIS, DIRECTOR  
PUBLIC HEALTH SERVICES

“ONE VOICE”

CLAUDIA JOHNS, MD  
PUBLIC HEALTH OFFICER

DEVICE ID NUMBER: \_\_\_\_\_

WATER PURVEYOR: \_\_\_\_\_

WATER METER #: \_\_\_\_\_

PURPOSE:  METER  IRRIGATION  FIRE  OTHER

ASSEMBLY LOCATION: \_\_\_\_\_

FOR DETECTOR ASSEMBLY PAIRED WITH SERIAL #: \_\_\_\_\_

ASSEMBLY INFORMATION		
MFG: _____	MODEL: _____	SIZE: _____
TYPE: _____ SERIAL NO: _____		
<input type="checkbox"/> NEW	<input type="checkbox"/> EXISTING	<input type="checkbox"/> REPLACEMENT
REPLACEMENT SERIAL #: _____		

FACILITY	FACILITY ID: _____	CONTACT: _____
	BUSINESS NAME: _____	PHONE: _____
	SITE ADDRESS: _____	
OWNER / MGMT	OWNER / CONTACT NAME (ATTN): _____	
	MANAGEMENT NAME (C/O): _____	
	MAIL ADDRESS: _____	

## TEST RESULTS INFORMATION

	DOUBLE CHECK VALVE ASSEMBLY		REDUCED PRESSURE PRINCIPLE ASSEMBLY		
	CHECK VALVE NO.1		CHECK VALVE NO.2		DIFFERENTIAL RELIEF VALVE
	AIR INLET VALVE		CHECK VALVE		
INITIAL TEST DATE	HELD AT: _____ PSID	HELD AT: _____ PSID	OPENED AT _____ PSID	OPENED AT: _____ PSID	HELD AT: _____ PSID
PASS <input type="checkbox"/>	LEAKED <input type="checkbox"/>	CLOSED TIGHT (RP) <input type="checkbox"/>	OPENED UNDER 2.0 PSID OR DID NOT OPEN <input type="checkbox"/>	OPENED UNDER 1.0 PSID OR DID NOT OPEN <input type="checkbox"/>	LEAKED <input type="checkbox"/>
REPAIR	1) CLEANED <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> 2) EXERCISED <input type="checkbox"/> 3) DISC(S) <input type="checkbox"/> 4) SPRING <input type="checkbox"/> 5) DIAPHRAGM(S) <input type="checkbox"/> 6) SEAT(S) <input type="checkbox"/> 7) O-RING(S) <input type="checkbox"/> 8) MODULE <input type="checkbox"/> 9) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) DIAPHRAGM <input type="checkbox"/> 4) FLOAT <input type="checkbox"/> 5) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) MODULE <input type="checkbox"/> 4) OTHER <input type="checkbox"/>
FINAL TEST DATE	HELD AT: _____ PSID	HELD AT: _____ PSID	OPENED AT: _____ PSID	OPENED AT: _____ PSID	HELD AT: _____ PSID
PASS <input type="checkbox"/>	LEAKED <input type="checkbox"/>	CLOSED TIGHT (RP) <input type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>	LEAKED <input type="checkbox"/>
FAIL <input type="checkbox"/>					

### COMMENTS:

The above certified to be true at the time of testing:  Proper Installation  YES  NO

Tester Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Certification No: \_\_\_\_\_ Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone No: \_\_\_\_\_