

# BACKFLOW PREVENTION ASSEMBLY TEST REPORT

NAME OF PREMISE \_\_\_\_\_ Commercial  Residential

SERVICE ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

LOCATION OF ASSEMBLY \_\_\_\_\_

DOWNSTREAM PROCESS \_\_\_\_\_ DCVA  RPBA  PVBA  OTHER \_\_\_\_\_

NEW INSTALL  EXISTING  REPLACEMENT  OLD SER. # \_\_\_\_\_ PROPER INSTALLATION? YES  NO

MAKE OF ASSEMBLY \_\_\_\_\_ MODEL \_\_\_\_\_ SERIAL NO. \_\_\_\_\_ SIZE \_\_\_\_\_

INITIAL TEST	DCVA / RPBA CHECK VALVE NO.1	DCVA / RPBA CHECK VALVE NO.2	RPBA	PVBA/SVBA AIR INLET																																																												
PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID AIR GAP OK? _____	OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>																																																												
NEW PARTS AND REPAIRS	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">CLEAN</td> <td style="text-align: center; border: none;">REPLACE</td> <td style="text-align: center; border: none;">PART</td> <td style="border: none;">_____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: none;"></td> <td style="border: none;">_____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: none;"></td> <td style="border: none;">_____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: none;"></td> <td style="border: none;">_____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: none;"></td> <td style="border: none;">_____</td> </tr> </table>	CLEAN	REPLACE	PART	_____	<input type="checkbox"/>	<input type="checkbox"/>		_____	<input type="checkbox"/>	<input type="checkbox"/>		_____	<input type="checkbox"/>	<input type="checkbox"/>		_____	<input type="checkbox"/>	<input type="checkbox"/>		_____	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">CLEAN</td> <td style="text-align: center; border: none;">REPLACE</td> <td style="text-align: center; border: none;">PART</td> <td style="border: none;">_____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: none;"></td> <td style="border: none;">_____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: none;"></td> <td style="border: none;">_____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: none;"></td> <td style="border: none;">_____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: none;"></td> <td style="border: none;">_____</td> </tr> </table>	CLEAN	REPLACE	PART	_____	<input type="checkbox"/>	<input type="checkbox"/>		_____	<input type="checkbox"/>	<input type="checkbox"/>		_____	<input type="checkbox"/>	<input type="checkbox"/>		_____	<input type="checkbox"/>	<input type="checkbox"/>		_____	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">CLEAN</td> <td style="text-align: center; border: none;">REPLACE</td> <td style="text-align: center; border: none;">PART</td> <td style="border: none;">_____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: none;"></td> <td style="border: none;">_____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: none;"></td> <td style="border: none;">_____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: none;"></td> <td style="border: none;">_____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: none;"></td> <td style="border: none;">_____</td> </tr> </table>	CLEAN	REPLACE	PART	_____	<input type="checkbox"/>	<input type="checkbox"/>		_____	<input type="checkbox"/>	<input type="checkbox"/>		_____	<input type="checkbox"/>	<input type="checkbox"/>		_____	<input type="checkbox"/>	<input type="checkbox"/>		_____	CHECK VALVE HELD AT _____ PSID LEAKED <input type="checkbox"/> _____ CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/>
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AIR GAP INSPECTION: Required minimum air gap separation provided? Yes  No  Detector Meter Reading \_\_\_\_\_

REMARKS: \_\_\_\_\_ LINE PRESSURE \_\_\_\_\_ PSI

\_\_\_\_\_ CONFINED SPACE? \_\_\_\_\_

TESTERS SIGNATURE: \_\_\_\_\_ CERT. NO. \_\_\_\_\_ DATE \_\_\_\_\_

TESTERS NAME PRINTED: \_\_\_\_\_ TESTERS PHONE # ( ) \_\_\_\_\_

REPAIRED BY: \_\_\_\_\_ DATE \_\_\_\_\_

FINAL TEST BY: \_\_\_\_\_ CERT. NO. \_\_\_\_\_ DATE \_\_\_\_\_

CALIBRATION DATE \_\_ / \_\_ / \_\_ GAUGE # \_\_\_\_\_ MODEL \_\_\_\_\_ SERVICE RESTORED? YES  NO

*I certify that this report is accurate, and I have used WAC 246-290-490 approved test methods and test equipment.*