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BACKFLOW PREVENTION ASSEMBLY TEST REPORT

ACCOUNT # _____

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 PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	<u>DCVA / RPBA</u> <u>CHECK VALVE NO.1</u> LEAKED <input type="checkbox"/> _____ PSID	<u>DCVA / RPBA</u> <u>CHECK VALVE NO.2</u> LEAKED <input type="checkbox"/> _____ PSID	<u>RPBA</u> OPENED AT _____ PSID #1 CHECK _____ PSID AIR GAP OK? _____	<u>PVBA/SVBA</u> <u>AIR INLET</u> OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>
	NEW PARTS AND REPAIRS	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"/> _____	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"/> _____	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"/> _____
TEST AFTER REPAIRS PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	LEAKED <input type="checkbox"/> _____ PSID	LEAKED <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID	AIR INLET _____ PSID CHK VALVE _____ PSID

AIR GAP INSPECTION: Required minimum air gap separation provided? Yes No Detector Meter Reading _____

REMARKS: _____ LINE PRESSURE _____ PSI

_____ WSDOH APPROVED DEVICE? YES NO 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.