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## BACKFLOW PREVENTION ASSEMBLY TEST REPORT

ACCOUNT #: \_\_\_\_\_ RETURN NO LATER THAN: \_\_\_\_\_  
 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"/> _____ PSID	LEAKED <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	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"/> _____	CHECK VALVE HELD AT _____ PSID LEAKED <input type="checkbox"/> CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/>
TEST AFTER REPAIRS	LEAKED <input type="checkbox"/> _____ PSID	LEAKED <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID	AIR INLET _____ PSID CHK VALVE _____ PSID
PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>				

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.*