



#111, KING COUNTY

27224 144th Avenue S.E.
Kent, WA 98042-9058

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	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
NEW PARTS AND REPAIRS	CLEAN	REPLACE	PART	CLEAN	REPLACE	PART	CLEAN	REPLACE	PART	CHECK VALVE HELD AT _____ PSID	
	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	LEAKED	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	CLEANED	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<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.