BACKFLOW PREVENTION ASSEMBLY TEST REPORT

NAME OF PREMISE _____ **Commercial ☐ Residential ☐**

SERVICE ADDRESS _____ **CITY** _____ **ZIP** _____

CONTACT PERSON _____ **PHONE ( )** _____ **FAX ( )** _____

LOCATION OF ASSEMBLY _____

PREMISE ISOLATION_____ **(or) IN-PREMISE ISOLATION**_____

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 ☐** **FAILED ☐**	**DCVA / RPBA CHECK VALVE NO.1** LEAKED ☐ _____ PSID	**DCVA / RPBA CHECK VALVE NO.2** LEAKED ☐ _____PSID	**RPBA** OPENED AT _____ PSID #1 CHECK _____PSID AIR GAP OK? _____	**PVBA/SVBA** AIR INLET OPENED AT_____PSID DID NOT OPEN ☐
NEW PARTS AND REPAIRS	CLEAN REPLACE PART ☐ ☐ _____ ☐ ☐ _____ ☐ ☐ _____ ☐ ☐ _____	CLEAN REPLACE PART ☐ ☐ _____ ☐ ☐ _____ ☐ ☐ _____ ☐ ☐ _____	CLEAN REPLACE PART ☐ ☐ _____ ☐ ☐ _____ ☐ ☐ _____ ☐ ☐ _____	CHECK VALVE HELD AT _____PSID LEAKED ☐ _____ CLEANED ☐ REPAIRED ☐
TEST AFTER REPAIRS **PASSED ☐** **FAILED ☐**	LEAKED ☐ _____PSID	LEAKED ☐ _____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: _____**CONFINED SPACE ?**_____ **LINE PRESSURE** _____**PSI**

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.

RETURN COMPLETED FORM TO :CITY OF MILTON 1000-LAUREL ST.MILTON,WA.98354
Attention: Rocky Walston or FAX to 253-252-7964