



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

RETURN TO:
Water Division
Water Quality Section
PO BOX 11007
Tacoma, WA 98411-0007
FAX : 253-502-8721

FILE # _____ SCHEDULE CODE _____ AUTHORIZED TESTER _____

FACILITY NAME _____ Commercial Residential

SERVICE ADDRESS _____ CITY _____ ZIP _____

CONTACT NAME _____ PHONE () _____ FAX () _____

ASSEMBLY LOCATION _____

HAZARD TYPE _____ DCVA RPBA PVBA AG 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"/>		_____ PSID			_____ PSID						

AIR GAP INSPECTION: Supply Pipe Diameter _____" Separation _____" Pass Fail

REMARKS: _____ LINE PRESSURE _____ PSI

_____ CONFINED SPACE? _____

TESTER SIGNATURE: _____ CERT. NO. _____ DATE _____

TESTER NAME PRINTED: _____ TESTER PHONE # () _____

REPAIRED BY: _____ DATE _____

FINAL TEST BY: _____ CERT. NO. _____ DATE _____

CALIBRATION DATE __ / __ / __ MAKE/MODEL _____ GAUGE # _____

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

TEST REPORTS MUST BE SUBMITTED IN ACCORDANCE WITH TACOMA WATER GUIDELINES.
AVAILABLE AT WWW.TACOMAWATER.COM ON THE WATER QUALITY PAGE