

Instructions for Completing Tacoma Water Backflow Assembly Test Reports

1. **File Number** – Tacoma Water assigned
2. **Schedule Code** – Tacoma Water assigned
3. **Authorized Tester** - Tacoma Water use only.
4. **Facility Name** – Name of business or property owner
5. **Indicate if this is a commercial or residential property**
6. **Address** – Building or residence street address and City
7. **Assy Location** – Physical location of device, i.e. next to meter, west wall of room 102, 15 feet SW of building, etc...
8. **Hazard Type** – Hazard backflow assembly is isolating, i.e. service protection, irrigation, carbonation machine, boiler, etc...
9. **Indicate the type of assembly**
10. **Indicate if this is a new, existing, or replacement assembly. If it is a replacement list the serial number of the replaced assembly if known.**
11. **Proper Installation** – All assemblies must be installed in accordance with the Uniform Plumbing Code and Tacoma Water installation requirements. If the assembly does not meet these requirements check the no box and record the discrepancy in the remark section.
12. **Make of Assembly** – Watts, Wilkins, Febco, Conbraco, etc...
13. **Model** – Use complete model number, i.e. 009M2QT, 950XLTCU.
14. **Serial Number** – Please be as accurate as possible. Include alpha prefixes, i.e. A120220.
15. **Size** – Size of backflow preventor, i.e., ½ “
16. **Test results:**
 - RPBA**
 1. Complete entries for line pressure, number 1 check valve psid, and relief valve open psid.
 2. Indicate if the check valves closed tight.
 3. Minimum separation – Applies to required air gap under relief valve port. Must be 2 times the supply pipe diameter or have a factory approved drain cup installed.
 4. Passed Test – Check yes or no.
 - DCVA**
 1. Complete entry for line pressure.
 2. Indicate if check valves closed tight. PSID at which valve seated **MUST** be recorded.
 3. Passed test – Check yes or no.
 - PVB**
 1. Complete entry for line pressure.
 2. Indicate psid at which air inlet opened, check box if it failed to open.
 3. Indicate if check valve closed tight. PSID at which valve seated **MUST** be recorded.
 4. Passed test – Check yes or no.
 - AG**

Indicate supply pipe diameter and air gap separation. Values are in inches. Did it pass or fail?
17. **Remarks** – Record any comments or discrepancies in this section.
18. **Tester Signature** – Signature of person performing test, certification number, and date of test. Person performing test must be the one who signs.
19. **Tester Name Printed** – Legibly print or type name of person performing test and a contact phone number.
20. **Repaired By** – Printed or typed name of person repairing assembly.
21. **Final Test By** – Same requirements as “Initial Test by”
22. **Test Equipment** – Record the make, model, serial number, and verification date.