

Backflow Prevention Assembly Test/Air Gap Inspection Report

PWS ID _____ WATER SYSTEM NAME _____ COUNTY _____

ACCOUNT # _____ BACKFLOW PREVENTER ID _____ TEST REPORT ID _____

NAME OF PREMISES _____ 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 <input type="checkbox"/> REPLACE <input type="checkbox"/> PART _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART _____ <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? _____

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

TESTERS SIGNATURE: _____ CERT. NO. _____ DATE ____/____/____

TESTERS NAME PRINTED: _____ TESTERS PHONE # () _____

REPAIRED BY: _____ DATE ____/____/____

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

CALIB/VERIF DATE ____/____/____ GAUGE # _____ MODEL _____ SERVICE RESTORED? YES NO

(SPECIALTY) PLUMBER CERT. NO. _____ CONTRACTOR LICENSE NO. _____