

BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

Name of Premise: _____ Commercial Residential
 Service Address: _____ City: _____ Zip: _____
 Premises Contact Person: _____ Email Address: _____
 Phone Number: _____ Fax Number: _____

Assembly Location: _____
 Downstream Process: _____ Method: DCVA RPBA PVBA Other: _____
 Existing Installation New Install Replacement (Old Serial #: _____)
 Make of Assembly: _____ Model: _____ Serial #: _____ Size: _____
 USC-Approved: Yes No Proper Installation: Yes No Proper Orientation: Yes No
 Confined Space: Yes No Line Pressure: _____ psi Part of a Detector Assembly: Yes No
 If part of a Detector Assembly which part: Primary Bypass Detector Meter Reading: _____ Gals/CuFt

	DCVA	RPBA	PVBA / SVBA																																													
Initial Test <input type="checkbox"/> Passed <input type="checkbox"/> Failed	<u>Check Valve No. 1:</u> <input type="checkbox"/> Leaked <input type="checkbox"/> Closed _____ Psid <u>Check Valve No. 2:</u> <input type="checkbox"/> Leaked <input type="checkbox"/> Closed _____ Psid	<u>Relief Valve:</u> <input type="checkbox"/> Did Not Open <input type="checkbox"/> Opened at _____ Psid <u>Check Valve No. 2:</u> <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight <u>Check Valve No. 1:</u> _____ Psid Approved Air Gap: <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Air Inlet Valve:</u> <input type="checkbox"/> Did Not Open Opened at _____ Psid Fully Opened: <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Check Valve:</u> <input type="checkbox"/> Leaked _____ Psid																																													
Parts and Repair	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; font-size: small;">Clean</th> <th style="text-align: left; font-size: small;">Replace</th> <th style="text-align: left; font-size: small;">Part(s)</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> </tbody> </table>	Clean	Replace	Part(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; font-size: small;">Clean</th> <th style="text-align: left; font-size: small;">Replace</th> <th style="text-align: left; font-size: small;">Part(s)</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> </tbody> </table>	Clean	Replace	Part(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; font-size: small;">Clean</th> <th style="text-align: left; font-size: small;">Replace</th> <th style="text-align: left; font-size: small;">Part(s)</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>_____</td></tr> </tbody> </table>	Clean	Replace	Part(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Air Gap Inspection: Pass Fail Supply Pipe Diameter: _____ in. Physical Separation: _____ in.
 Remarks: _____

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

Initial Test:

Test Kit Model: _____ Gauge#: _____ Calibration Date: _____
 BAT Name (Print): _____ Ph#: _____ Email: _____
 BAT Signature: _____ Cert#: _____ Inspection Date: _____

Test after Repair/Cleaning:

Repaired By (Print): _____ Repair Date: _____
 Test Kit Model: _____ Gauge#: _____ Calibration Date: _____
 BAT Name (Print): _____ Ph#: _____ Email: _____
 BAT Signature: _____ Cert#: _____ Inspection Date: _____