

# 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

	<b>DCVA</b>	<b>RPBA</b>	<b>PVBA / SVBA</b>																																													
<b>Initial Test</b>  <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																																													
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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: \_\_\_\_\_