

ID#

EMAIL TEST REPORT TO:
CROHNER@CITYOFBUCKLEY.COM

CITY OF BUCKLEY
PO BOX 1960
BUCKLEY, WA. 98321

PHONE: 360-761-7888
FAX:

BACKFLOW ASSEMBLY TEST REPORT FORM

NAME _____ PHONE NUMBER _____

SERVICE ADDRESS _____ CITY Buckley STATE WA ZIP 98321

ASSEMBLY LOCATION _____

CROSS-CONNECTION CONTROL FOR _____

HAZARD CLASS _____ DETECTOR METER # _____ METER READ _____

SIZE _____ MAKE _____ MODEL _____ TYPE _____ SN _____

LINE PRESSURE AT TIME OF TEST _____ PSI NEW EXISTING REPLACEMENT

INITIAL TEST RESULTS				TESTS AFTER REPAIR OR CLEANING			
RPBA	PSI DROP ACROSS #1 CHECK VALVE _____	PSID _____		PSI DROP ACROSS #1 CHECK VALVE _____	PSID _____		
	RELIEF VALVE OPENED _____	PSID _____		RELIEF VALVE OPENED _____	PSID _____		
	#1 CHECK VALVE CLOSED TIGHT? _____	<input type="checkbox"/>		#1 CHECK VALVE CLOSED TIGHT? _____	<input type="checkbox"/>		
	#1 CHECK VALVE LEAKED? _____	<input type="checkbox"/>		#1 CHECK VALVE LEAKED? _____	<input type="checkbox"/>		
	#2 CHECK VALVE CLOSED TIGHT? _____	<input type="checkbox"/>		#2 CHECK VALVE CLOSED TIGHT? _____	<input type="checkbox"/>		
	#2 CHECK VALVE LEAKED? _____	<input type="checkbox"/>		#2 CHECK VALVE LEAKED? _____	<input type="checkbox"/>		
	APPROVED AIR GAP PROVIDED? _____	<input type="checkbox"/>		APPROVED AIR GAP PROVIDED? _____	<input type="checkbox"/>		
	RPBA PASSED TEST? Yes <input type="checkbox"/> No <input type="checkbox"/>			RPBA PASSED TEST? Yes <input type="checkbox"/> No <input type="checkbox"/>			
DCVA	#1 CHECK VALVE CLOSED TIGHT? _____	PSID _____		#1 CHECK VALVE CLOSED TIGHT? _____	PSID _____		
	#1 CHECK VALVE LEAKED? _____	<input type="checkbox"/>		#1 CHECK VALVE LEAKED? _____	<input type="checkbox"/>		
	#2 CHECK VALVE CLOSED TIGHT? _____	PSID _____		#2 CHECK VALVE CLOSED TIGHT? _____	PSID _____		
	#2 CHECK VALVE LEAKED? _____	<input type="checkbox"/>		#2 CHECK VALVE LEAKED? _____	<input type="checkbox"/>		
	DCVA PASSED TEST? Yes <input type="checkbox"/> No <input type="checkbox"/>			DCVA PASSED TEST? Yes <input type="checkbox"/> No <input type="checkbox"/>			
PVBA SVBA	AIR INLET OPENED AT _____	PSID _____		AIR INLET OPENED AT _____	PSID _____		
	AIV OPENED FULLY? <input type="checkbox"/> FAILED? <input type="checkbox"/>			AIV OPENED FULLY? <input type="checkbox"/> FAILED? <input type="checkbox"/>			
	CHECK VALVE HELD TIGHT AT _____	PSID _____		CHECK VALVE HELD TIGHT AT _____	PSID _____		
	CHECK VALVE LEAKED? _____	<input type="checkbox"/>		CHECK VALVE LEAKED? _____	<input type="checkbox"/>		
PVBA/SVBA PASSED TEST? Yes <input type="checkbox"/> No <input type="checkbox"/>			PVBA/SVBA PASSED TEST? Yes <input type="checkbox"/> No <input type="checkbox"/>				

APPROVED ASSEMBLY? PROPER INSTALLATION? INSPECTED BY BAT / CCS?

REMARKS _____

TEST COMPANY _____ PHONE _____

TEST KIT MAKE _____ MODEL _____ SN _____ CALIBRATION DATE _____

PRINTED TESTER NAME _____ CERTIFICATION # _____

SIGNATURE _____ DATE TESTED _____

I certify that I used WAC 246-290-490 approved Test Methods and Differential Pressure Test Equipment

I VERIFY THAT ALL INFORMATION ON THIS TEST REPORT IS ACCURATE

REPAIRED BY _____ REPAIR DATE _____

RETESTED BY _____ CERT # _____ DATE TESTED _____