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EMAIL TEST REPORT TO:  
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CITY OF BUCKLEY  
PO BOX 1960  
BUCKLEY, WA. 98321

PHONE: 360-761-7886

### 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 \_\_\_\_\_