



**PUBLIC WORKS**

# BACKFLOW PREVENTION ASSEMBLY TEST REPORT

**Return reports to:**  
Backflow Prevention Program  
Everett, WA  
Public Works  
3200 Cedar St.  
Everett, WA 98201  
FAX: (425) 257-8882

XC2 Assembly \_\_\_\_\_ Schedule Code \_\_\_\_\_ Authorized Tester: \_\_\_\_\_

Facility Name \_\_\_\_\_ Commercial:  Residential:

Mailing Address \_\_\_\_\_ Protection Type \_\_\_\_\_

Service Address \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Equip Location \_\_\_\_\_

Downstrm Process \_\_\_\_\_ DCVA  RPBA  PVBA  AG  Other \_\_\_\_\_

New Install  Existing  Replacement  Old SN# \_\_\_\_\_ Proper Installation?  Yes  No

Make of Assembly: \_\_\_\_\_ Model: \_\_\_\_\_ Serial Number \_\_\_\_\_ Size: \_\_\_\_\_

	<u>DCVA / RPBA</u> <u>CHECK VALVE #1</u>	<u>DCVA / RPBA</u> <u>CHECK VALVE #2</u>	<u>RPBA</u>	<u>PVBA/SVBA</u>
<b>Initial Test</b>			Opened at _____ PSID	Air Inlet
Passed <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	#1 Check _____ PSID	Opened at _____ PSID
Failed <input type="checkbox"/>	_____ PSID	_____ PSID	Air Gap OK _____	Did not Open <input type="checkbox"/>
<b>New Parts and Repairs</b>	Clean Replace Part <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	Clean Replace Part <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	Clean Replace Part <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <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"/>
<b>Test After Repairs</b>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Opened at _____ PSID	Air Inlet _____ PSID
Passed <input type="checkbox"/>	_____ PSID	_____ PSID	#1 Check _____ PSID	Check Valve _____ PSID
Failed <input type="checkbox"/>				

Air Gap Inspection: Supply Pipe Diameter: \_\_\_\_\_ " Separation: \_\_\_\_\_ " Pass  Fail

Remarks: \_\_\_\_\_  USC 10<sup>th</sup> Edit. Line Pressure \_\_\_\_\_ PSI  
\_\_\_\_\_  Confined Space

Tester Signature: \_\_\_\_\_ Cert. No.: \_\_\_\_\_ Date: \_\_\_\_\_

Tester Name Printed: \_\_\_\_\_ Testers Phone # (\_\_\_\_) \_\_\_\_\_

Repaired By: \_\_\_\_\_ Date: \_\_\_\_\_

Final Test By: \_\_\_\_\_ Cert. No.: \_\_\_\_\_ Date: \_\_\_\_\_

Calibration Date: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Gauge # \_\_\_\_\_