



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Return reports to:

CSB- Inspection Services
 700 5th Ave, Suite #4900
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 Phone : (206) 684-3536
 FAX : (206) 684-7585

ASSEMBLY ID #: _____ **Schedule Code:** _____ **Authorized Tester:** _____

Facility Name: _____ Commercial: Residential:

Service Address: _____ City: _____ Zip: _____

Contact Name: _____ Phone: _____ Fax: _____

Assembly Location: _____

Hazard Type: _____ DCVA RPBA PVBA AG Other: _____

New Install: Existing: Replacement: Old SN# _____ Proper Install? Yes: No:

Make of Assembly: _____ Model: _____ Serial #: _____ Size: _____

INITIAL TEST	DCVA / RPBA CHECK VALVE # 1	DCVA / RPBA CHECK VALVE # 2	RPBA	PVBA / SVBA AIR INLET
PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	Leaked <input type="checkbox"/> _____ PSID	Leaked <input type="checkbox"/> _____ PSID	Opened at _____ PSID #1 Check _____ PSID Air Gap OK _____	Opened at _____ PSID Chk Valve _____ PSID Did not Open <input type="checkbox"/>
NEW PARTS AND REPAIRS	Clean <input type="checkbox"/> Replace Part <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	Clean <input type="checkbox"/> Replace Part <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	Clean <input type="checkbox"/> Replace Part <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"/>
TEST AFTER REPAIRS PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	Leaked <input type="checkbox"/> _____ PSID	Leaked <input type="checkbox"/> _____ PSID	Opened at _____ PSID #1 Check _____ PSID	Air Inlet _____ PSID Chk Valve _____ PSID

Air Gap Inspection: Supply Pipe Diameter: _____ " Separation: _____ * Pass Fail

REMARKS: _____ Line Pressure: _____ PSI

_____ Confined Space: Yes: No:

Testers Signature: _____ Cert. No. _____ Date: ____/____/____

Testers Name Printed: _____ Testers Phone: () _____

Final Test By: _____ Cert. No. _____ Date: ____/____/____

Calibration Date: ____/____/____ Make / Model: _____ Gauge # _____

I certify that this report is accurate and I have used WAC 246-290-490 approved test methods and test equipment.