



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Return reports to:
SPU_Backflow@seattle.gov

Assembly ID _____ Schedule Code _____ Authorized Tester: _____

Facility Name _____ Commercial: Residential:

Service Address _____ City: _____ Zip: _____

Contact Name _____ Phone: _____ FAX: _____

Equip Location _____

Hazard Type _____ 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>
Initial Test			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 _____	Did not Open <input type="checkbox"/>
New Parts and Repairs	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"/>
Test After Repairs			Opened at _____ PSID	Air Inlet _____ PSID
Passed <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	#1 Check _____ PSID	Check _____ PSID
Failed <input type="checkbox"/>	_____ PSID	_____ PSID		

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

Remarks: _____ 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 # _____

I certify that this report is accurate, and I have used WAC 246-290-490 approved test methods and test equipment.
TEST REPORTS MUST BE SUBMITTED IN ACCORDANCE WITH SEATTLE PUBLIC UTILITIES GUIDELINES.