

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Return to: West Sound Utility District
 2924 SE Lund Avenue
 Port Orchard, WA 98366
 360-876-2545 Office
 360-874-5030 Fax

NAME OF PREMISE _____ Commercial Residential

SERVICE ADDRESS _____ CITY _____ ZIP _____

CONTACT PERSON _____ PHONE () _____ FAX () _____

LOCATION OF ASSEMBLY _____

DOWNSTREAM PROCESS _____ DCVA RPBA PVBA OTHER _____

NEW INSTALL EXISTING REPLACEMENT OLD SER. # _____ PROPER INSTALLATION? YES NO

MAKE OF ASSEMBLY _____ MODEL _____ SERIAL NO. _____ SIZE _____

IS THE ASSEMBLY CORRECT FOR THE DEGREE OF HAZARD? _____

IS THE ASSEMBLY A WA STATE APPROVED ASSEMBLY?

INITIAL TEST	<u>DCVA / RPBA</u> CHECK VALVE NO.1	<u>DCVA / RPBA</u> CHECK VALVE NO.2	<u>RPBA</u>	<u>PVBA/SVBA</u> AIR INLET
PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	CLOSED <input type="checkbox"/> LEAKED <input type="checkbox"/> _____ PSID	CLOSED <input type="checkbox"/> LEAKED <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID AIR GAP OK? _____	OPENED AT _____ PSID 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 PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	CLOSED <input type="checkbox"/> LEAKED <input type="checkbox"/> _____ PSID	CLOSED <input type="checkbox"/> LEAKED <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID	AIR INLET _____ PSID CHK VALVE _____ PSID

AIR GAP INSPECTION: Required minimum air gap separation provided? Yes No **Detector Meter Reading** _____

REMARKS: _____ **LINE PRESSURE** _____ **PSI**

_____ **CONFINED SPACE?** _____

TESTERS SIGNATURE: _____ **CERT. NO.** _____ **DATE** _____

TESTERS NAME PRINTED: _____ **TESTERS PHONE # ()** _____

REPAIRED BY: _____ **DATE** _____

FINAL TEST BY: _____ **CERT. NO.** _____ **DATE** _____

CALIBRATION DATE __ / __ / __ **GAUGE #** _____ **MODEL** _____ **SERVICE RESTORED? YES NO**

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