

Backflow Prevention Assembly Test/Air Gap Inspection Report

ACCOUNT # _____ COMMERCIAL RESIDENTIAL

NAME OF PREMISES _____

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? **Y N**

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

INITIAL TEST PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	DCVA / RPBA CHECK VALVE NO.1 LEAKED <input type="checkbox"/> PSID: _____		DCVA / RPBA CHECK VALVE NO.2 LEAKED <input type="checkbox"/> PSID: _____		RPBA OPENED AT _____ PSID #1 CHECK _____ PSID AIR GAP OK? _____		PVBA/SVBA AIR INLET OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>	
	NEW PARTS AND REPAIRS	CLEAN <input type="checkbox"/>	REPLACED PART _____ <input type="checkbox"/>	CLEAN <input type="checkbox"/>	REPLACED PART _____ <input type="checkbox"/>	CLEAN <input type="checkbox"/>	REPLACED PART _____ <input type="checkbox"/>	CHECK VALVE HELD AT: _____ PSID LEAKED <input type="checkbox"/> CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/>
<input type="checkbox"/>		_____ <input type="checkbox"/>	<input type="checkbox"/>	_____ <input type="checkbox"/>	<input type="checkbox"/>	_____ <input type="checkbox"/>		
<input type="checkbox"/>		_____ <input type="checkbox"/>	<input type="checkbox"/>	_____ <input type="checkbox"/>	<input type="checkbox"/>	_____ <input type="checkbox"/>		
<input type="checkbox"/>		_____ <input type="checkbox"/>	<input type="checkbox"/>	_____ <input type="checkbox"/>	<input type="checkbox"/>	_____ <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: Required minimum air gap separation provided? Yes No Detector Meter Reading: _____

REMARKS: _____ LINE PRESSURE PSI: _____

SERVICE RESTORED? YES NO CONFINED SPACE? YES NO

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

TESTERS SIGNATURE: _____ CERT. NO. _____ DATE ____/____/____

TESTERS NAME PRINTED: _____ TESTERS PHONE # () _____

REPAIRED BY: _____ DATE ____/____/____

FINAL TEST BY: _____ CERT. NO. _____ DATE ____/____/____

CALIB/VERIF DATE __/__/__ GAUGE # _____ MODEL _____

SPECIALTY PLUMBER CERTIFICATION NUMBER: _____

CONTRACTOR LICENSE NUMBER: _____