



# BACKFLOW ASSEMBLY TEST REPORT

PLEASE MAKE COPIES FOR ADDITIONAL ASSEMBLIES

☐ NEW INSTALLATION      ☐ SERVICE RESTORED      Account # \_\_\_\_\_

MANUFACTURER	MODEL	SERIAL NO.	SIZE	PREMISE <input type="checkbox"/>
OWNER/CONTROLLER				IN PREMISE <input type="checkbox"/>
OWNER'S ADDRESS				
SERVICE ADDRESS				
LOCATION OF ASSEMBLY				
HAZARD ISOLATED <input type="checkbox"/> POTABLE WATER <input type="checkbox"/> IRRIGATION <input type="checkbox"/> FIRE <input type="checkbox"/> BOILER <input type="checkbox"/> _____				

☐ R.P.B.A   ☐ D.C.V.A.   ☐ R.P.D.A.   ☐ D.C.D.A.   ☐ P.V.B.A.   ☐ S.V.B.A..   ☐ AIR GAP

IS ASSEMBLY INSTALLED PROPERLY? ☐ YES ☐ NO    COMMENTS \_\_\_\_\_

INITIAL TEST RESULTS	REDUCED PRESSURE ASSEMBLY		P.V.B.A. / S.V.B.A		INITIAL TEST
	#1 CHECK PRESS DROP _____ (A)  RELIEF VALVE OPENED AT _____ (B) min 2 psid   RELIEF VALVE PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	DOUBLE CHECK	AIR INLET	CHECK	PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>  DATE: ____/____/____  SYSTEM PSI _____
		CHECK #1 TIGHT <input type="checkbox"/> _____ psid  LEAKED <input type="checkbox"/>  CHECK #2 TIGHT <input type="checkbox"/> _____ psid  LEAKED <input type="checkbox"/>	OPENED AT _____  PSID _____  DID NOT OPEN <input type="checkbox"/>	PRESS DROP _____  PSID _____  FAILED <input type="checkbox"/>	
REPAIRS AND/OR PARTS					
TEST AFTER REPAIRS	REDUCED PRESSURE ASSEMBLY		P.V.B.A. / S.V.B.A		FINAL TEST
	#1 CHECK PRESS DROP _____ (A)  RELIEF VALVE OPENED AT _____ (B) min 2 psid  BUFFER A-B= _____ min 3 psi	DOUBLE CHECK	AIR INLET	CHECK	PASSED <input type="checkbox"/>  DATE: ____/____/____
		CHECK #1 TIGHT <input type="checkbox"/> _____ psid  CHECK #2 TIGHT <input type="checkbox"/> _____ psid	OPENED AT _____  PSID _____	PRESS DROP _____  PSID _____	

IN COMPLETING AND SUBMITTING THIS TEST REPORT, THE TESTER CERTIFIES THE ASSEMBLY HAS BEEN TESTED AND MAINTAINED IN ACCORDANCE WITH ALL APPLICABLE RULES AND REGULATIONS OF NORTHSORE UTILITY DISTRICT AND THE STATE OF WASHINGTON.

TESTER SIGNATURE _____	TESTER NAME (PRINTED) _____	CERTIFICATION # _____
COMPANY _____		DETECTOR METER RDG _____
ADDRESS _____		PHONE # _____