BACKFLOW ASSEMBLY TEST REPORT
PLEASE MAKE COPIES FOR ADDITIONAL ASSEMBLIES

☐ *NEW INSTALLATION* ☐ *SERVICE RESTORED* *Account #*_____

MANUFACTURER	MODEL	SERIAL NO.	SIZE
OWNER/CONTROLLER			
OWNER'S ADDRESS			
SERVICE ADDRESS			
LOCATION OF ASSEMBLY			
HAZARD ISOLATED ☐ POTABLE WATER ☐ IRRIGATION ☐ FIRE ☐ BOILER ☐_____			

☐ 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 _____

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

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 NORTHSHORE UTILITY DISTRICT AND THE STATE OF WASHINGTON.

TESTER SIGNATURE _____ TESTER NAME (PRINTED) _____ CERTIFICATION # _____

COMPANY _____ DETECTOR METER READING _____

ADDRESS _____ PHONE # _____

Report can be faxed to (425) 398-4432 or e-mailed to backflow@nud.net