BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Please Return Completed Form to:

Public Works Department
207 W. 2nd Street /603 N. Willoughby
Grandview, WA 98930
Ph: (509) 882-9211 / Fax: (509) 882-9232

☐ Existing
☐ New
☐ Replacement

NAME/COMPANY: _____

PROPERTY OWNER/MANAGER *(COMMERCIAL ASSEMBLIES ONLY)*: _____ PHONE #: _____

ASSEMBLY LOCATION: _____ ASSEMBLY TYPE: _____

USE PROTECTED: ☐ IRRIGATION ☐ FIRE ☐ BOILER ☐ PREMISES ISOLATION ☐ OTHER (SPECIFY) _____

MANUFACTURER: _____ MODEL: _____ SIZE: _____ SERIAL NO.: _____

	INITIAL TEST RESULTS	TEST AFTER REPAIR OR CLEANING
RPBA	Line Pressure _____ PSI Pressure Differential – Across Check Valve #1 _____ PSI Relief Valve Opened _____ PSID No. 2 Check: Closed Tight ..... ❑ Leaked ..... ❑ No. 1 Check: Closed Tight ..... ❑ Leaked ..... ❑ Minimum A/G Present: ❑ YES ❑ NO Passed Test: ❑ YES ❑ NO	Line Pressure _____ PSI Pressure Drop Across Check Valve #1 _____ PSI Relief Valve Opened _____ PSID No. 2 Check: Closed Tight ..... ❑ Leaked ..... ❑ No. 1 Check: Closed Tight ..... ❑ Leaked ..... ❑ Minimum A/G Present: ❑ YES ❑ NO Passed Test: ❑ YES ❑ NO
DCVA	Line Pressure _____ PSI No. 1 Check: Closed Tight _____ PSI Leaked ..... ❑ No. 2 Check: Closed Tight _____ PSI Leaked ..... ❑ Passed Test: ❑ YES ❑ NO	Line Pressure _____ PSI No. 1 Check: Closed Tight _____ PSI Leaked ..... ❑ No. 2 Check: Closed Tight _____ PSI Leaked ..... ❑ Passed Test: ❑ YES ❑ NO
SVBA ☐ PVBA ☐	Line Pressure _____ PSI Air Inlet: Opened _____ PSI Failed to Open ..... ❑ Check Valve Differential _____ PSI Leaked ..... ❑ Passed Test: ❑ YES ❑ NO	Line Pressure _____ PSI Air Inlet: Opened _____ PSI Failed to Open ..... ❑ Check Valve Differential _____ PSI Leaked ..... ❑ Passed Test: ❑ YES ❑ NO
AG	Minimum Separation: ❑ YES ❑ NO	PLEASE RECORD REPAIR OR CLEANING INFORMATION IN SECTION BELOW

TEST EQUIPMENT USED: _____ REMARKS: _____

I CERTIFY THE ABOVE REPORT TO BE TRUE:

_____ SIGNATURE

_____ NAME OF COMPANY

_____ TYPED OR PRINTED NAME

_____ PHONE NUMBER

Initial Test By: _____ WA Cert. No. _____ Date _____

Repaired By: _____ WA Cert. No. _____ Date _____