

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Return reports to:
Spanaway Water Company, WA
P.O. Box 1000
18413 B Street E
Spanaway WA 98387

FAX: (253) 539-9526

Assembly ID _____ Schedule Code _____ Authorized Tester: _____

Facility Name _____ Commercial: Residential:

Mailing Address _____

Service Address _____ City: _____ Zip: _____

Contact Name _____ Phone: _____ FAX: _____

Equip Location _____

Hazard Type _____ DCVA RPBA PVBA AG Other _____

New Install Existing Replacement Old SN# _____ Proper Installation? Yes No

Make of Assembly: _____ Model: _____ Serial Number _____ Size: _____

	<u>DCVA / RPBA</u> <u>CHECK VALVE #1</u>	<u>DCVA / RPBA</u> <u>CHECK VALVE #2</u>	<u>RPBA</u>	<u>PVBA/SVBA</u>
Initial Test			Opened at _____ PSID	Air Inlet
Passed <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	#1 Check _____ PSID	Opened at _____ PSID
Failed <input type="checkbox"/>	_____ PSID	_____ PSID	Air Gap OK _____	Did not Open <input type="checkbox"/>
New Parts and Repairs	Clean Replace Part	Clean Replace Part	Clean Replace Part	Check Valve
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	Held at _____ PSID
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	Leaked <input type="checkbox"/>
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	Cleaned <input type="checkbox"/>
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	Repaired <input type="checkbox"/>
Test After Repairs			Opened at _____ PSID	Air Inlet _____ PSID
Passed <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	#1 Check _____ PSID	Check Valve _____ PSID
Failed <input type="checkbox"/>	_____ PSID	_____ PSID		

Air Gap Inspection: Supply Pipe Diameter: _____ " Separation: _____ " Pass Fail

Remarks: _____ Line Pressure _____ PSI

Tester Signature: _____ Cert. No.: _____ Date: _____

Tester Name Printed: _____ Testers Phone # () _____

Repaired By: _____ Date: _____

Final Test By: _____ Cert. No.: _____ Date: _____

Calibration Date: _____ Make/Model: _____ Gauge # _____