

# BACKFLOW PREVENTION ASSEMBLY TEST REPORT

**City of Auburn Cross Connection Program**  
 1305 C St. SW Auburn, Washington 98001-5910  
 (253) 931-3064 or (253) 288-3169  
 FAX (253) 288-7406

ACCOUNT # \_\_\_\_\_  
 PERMIT # BFL \_\_\_\_\_  
 OLD ASSEMBLY SERIAL NUMBER \_\_\_\_\_

NAME OF PREMISE \_\_\_\_\_ Commercial  Residential

SERVICE ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

CUSTOMER'S NAME: \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

LOCATION OF ASSEMBLY \_\_\_\_\_

TYPE OF HAZARD ISOLATED \_\_\_\_\_ DCVA  RPBA  PVBA/SVBA  OTHER \_\_\_\_\_

NEW INSTALLATION  EXISTING  REPLACEMENT  LINE PRESSURE: \_\_\_\_\_ PSI

MAKE OF ASSEMBLY \_\_\_\_\_ MODEL \_\_\_\_\_ SERIAL NO. \_\_\_\_\_ SIZE \_\_\_\_\_

AIR GAP INSPECTION: Required minimum air gap separation provided? Yes  No  PROPER INSTALLATION: Yes  No

INITIAL TEST	<u>DCVA / RPBA</u> CHECK VALVE NO.1	<u>DCVA/RPBA</u> CHECK VALVE NO.2	<u>RPBA</u>	<u>PVBA/SVBA</u> AIR INLET
	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID <b>PASSED <input type="checkbox"/></b> <b>FAILED <input type="checkbox"/></b>	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID <b>VALUE FOR DCVA ONLY</b>	OPENED AT _____ PSID #1 CHECK _____ PSID AIR GAP OK? _____
<b>NEW PARTS AND REPAIRS</b>	CLEAN   REPLACE   PART	CLEAN   REPLACE   PART	CLEAN   REPLACE   PART	CLEAN   REPLACE   PART
	<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"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> _____
<b>TEST AFTER REPAIRS</b> PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID <b>VALUE FOR DCVA ONLY</b>	OPENED AT _____ PSID #1 CHECK _____ PSID	AIR INLET _____ PSID DID NOT OPEN <input type="checkbox"/> CHK VALVE _____ PSID LEAKED <input type="checkbox"/>

REMARKS: \_\_\_\_\_

TESTER'S SIGNATURE: \_\_\_\_\_ CERT. # B \_\_\_\_\_ DATE \_\_\_\_\_

I CERTIFY THE ABOVE REPORT TO BE TRUE.

TESTER'S NAME PRINTED: \_\_\_\_\_ TESTER'S PHONE ( ) \_\_\_\_\_

REPAIRED BY: \_\_\_\_\_ LIC. # \_\_\_\_\_ DATE \_\_\_\_\_

I CERTIFY THE ABOVE REPORT TO BE TRUE.

FINAL TEST BY: \_\_\_\_\_ CERT. # B \_\_\_\_\_ DATE \_\_\_\_\_

I CERTIFY THE ABOVE REPORT TO BE TRUE.

CALIBRATION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ GAUGE SERIAL # \_\_\_\_\_ SERVICE RESTORED YES  NO

"Test in accordance with performance criteria outlined in Backflow Prevention Assemblies Field Test Procedure Approved for use in Washington State – July 1998"

ILLEGIBLE OR INCOMPLETE TEST REPORT FORMS WILL NOT BE ACCEPTED

REPAIRS, CLEANING OR FLUSHING MUST BE DOCUMENTED ON TEST REPORT FORM

TEST REPORT FORM MUST BE SUBMITTED WITHIN 30 DAYS OF COMPLETING THE TEST

ASSEMBLIES MUST HAVE TEST PORT PLUGS IN AREAS SUBJECT TO FLOODING

PLEASE MAIL COMPLETED TEST REPORTS TO (1305 C Street SW Auburn, WA 98001)