Backflow Prevention Assembly Test/Air Gap Inspection Report

ACCOUNT #_____ COMMERCIAL RESIDENTIAL

NAME OF PREMISES _____

SERVICE ADDRESS _____ CITY _____ZIP _____

CONTACT PERSON _____ PHONE ( ) _____ FAX ( ) _____

LOCATION OF ASSEMBLY _____

DOWNSTREAM PROCESS _____ DCVA ☐ RPBA ☐ PVBA ☐ OTHER _____

NEW INSTALL☐ EXISTING☐ REPLACEMENT☐ OLD SER. # _____ PROPER INSTALLATION? **Y N**

MAKE OF ASSEMBLY_____MODEL _____SERIAL NO. _____SIZE _____

INITIAL TEST PASSED ☐ FAILED ☐	DCVA / RPBA CHECK VALVE NO.1 LEAKED ☐ PSID:	DCVA / RPBA CHECK VALVE NO.2 LEAKED ☐ PSID:	RPBA OPENED AT ___ PSID #1 CHECK _____PSID AIR GAP OK? _____	PVBA/SVBA AIR INLET OPENED AT_____PSID DID NOT OPEN ☐
NEW PARTS AND REPAIRS	CLEAN REPLACED PART ☐ ☐_____ ☐ ☐_____ ☐ ☐_____ ☐ ☐_____	CLEAN REPLACED PART ☐ ☐_____ ☐ ☐_____ ☐ ☐_____ ☐ ☐_____	CLEAN REPLACED PART ☐ ☐_____ ☐ ☐_____ ☐ ☐_____ ☐ ☐_____	CHECK VALVE HELD AT: PSID LEAKED ☐ CLEANED ☐ REPAIRED ☐
TEST AFTER REPAIRS PASSED ☐ FAILED ☐	LEAKED ☐ PSID:	LEAKED ☐ PSID:	OPENED AT: PSID #1 CHECK: PSID	AIR INLET: PSID CHK VALVE: PSID

AIR GAP INSPECTION: Required minimum air gap separation provided? Yes ☐ No☐ Detector Meter Reading:

REMARKS: _____ LINE PRESSURE PSI:

SERVICE RESTORED? YES ☐ NO ☐ CONFINED SPACE? YES ☐ NO ☐

I certify that this report is accurate, and I have used WAC 246-290-490 approved test methods and test equipment.

TESTERS SIGNATURE: _____ CERT. NO. _____DATE _____ /_____/_____

TESTERS NAME PRINTED: _____ TESTERS PHONE # ( ) _____

REPAIRED BY: _____DATE ____/_____/_____

FINAL TEST BY:_____ CERT. NO. _____DATE _____/_____/_____

CALIB/VERIF DATE __ /__ /___ GAUGE # _____ MODEL_____

SPECIALTY PLUMBER CERTIFICATION NUMBER: CONTRACTOR LICENSE NUMBER: