



# BACKFLOW ASSEMBLY TEST REPORT

PLEASE MAKE COPIES FOR ADDITIONAL ASSEMBLIES

NEW INSTALLATION       SERVICE RESTORED      Account # \_\_\_\_\_

MANUFACTURER	MODEL	SERIAL NO.	SIZE	PREMISE <input type="checkbox"/>
OWNER/CONTROLLER				IN PREMISE <input type="checkbox"/>
OWNER'S ADDRESS				
SERVICE ADDRESS				
LOCATION OF ASSEMBLY				
HAZARD ISOLATED <input type="checkbox"/> POTABLE WATER <input type="checkbox"/> IRRIGATION <input type="checkbox"/> FIRE <input type="checkbox"/> BOILER <input type="checkbox"/> _____				

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 \_\_\_\_\_

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

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

Email reports to [backflow@nud.net](mailto:backflow@nud.net) or fax to (425) 398-4432. Contact (425) 398-4417 or [backflow@nud.net](mailto:backflow@nud.net) with questions.