



# BACKFLOW ASSEMBLY TEST REPORT

PLEASE MAKE COPIES FOR ADDITIONAL ASSEMBLIES

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

MANUFACTURER	MODEL	SERIAL NO.	SIZE
OWNER/CONTROLLER			
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"/>	<b>DOUBLE CHECK</b> 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"/>	<b>PASSED</b> <input type="checkbox"/> <b>FAILED</b> <input type="checkbox"/> <b>DATE:</b> ____/____/____ <b>SYSTEM PSI</b> _____
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	<b>DOUBLE CHECK</b> CHECK #1 TIGHT <input type="checkbox"/> _____ psid CHECK #2 TIGHT <input type="checkbox"/> _____ psid	AIR INLET OPENED AT _____ PSID	CHECK PRESS DROP _____ PSID	<b>PASSED</b> <input type="checkbox"/> <b>DATE:</b> ____/____/____

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.