



Department of Public Works

BACKFLOW PREVENTION ASSEMBLY TESTING REPORT

Maintenance Center • 123 Fifth Avenue
Kirkland, WA 98033
www.kirklandwa.gov/backflow-prevention
(425) 587-3913
(425) 587-3902 Fax

NAME OF PREMISE _____ Commercial [] Residential []
SERVICE ADDRESS _____ CITY _____ ZIP _____
CONTACT PERSON _____ PHONE () _____
CONTACT COMPANY _____ ADDRESS _____ CITY _____

LOCATION OF ASSEMBLY _____

DOWNSTREAM PROCESS _____ DCVA [] RPBA [] PVBA [] OTHER _____

NEW INSTALL [] EXISTING [] REPLACEMENT [] OLD SER. # _____ PROPER INSTALLATION? YES [] NO []

WASHINGTON STATE APPROVED ASSEMBLY? YES [] NO []

MAKE OF ASSEMBLY _____ MODEL _____ SERIAL NO. _____ SIZE _____

Table with 5 columns: INITIAL TEST, DCVA / RPBA CHECK VALVE NO.1, DCVA / RPBA CHECK VALVE NO.2, RPBA, PVBA/SVBA AIR INLET. Rows include PASSED/FAILED status, LEAKED status, PSID, and repair details like CLEAN, REPLACE, PART.

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

REMARKS: _____

_____ LINE PRESSURE _____ PSI _____ CONFINED SPACE? _____

TESTER'S SIGNATURE: _____ CERT. NO. _____ DATE _____

TESTER'S NAME PRINTED: _____ TESTER'S PHONE () _____

REPAIRED BY: _____ DATE _____

FINAL TEST BY: _____ CERT. NO. _____ DATE _____

CALIBRATION DATE ____/____/____ GAUGE # _____ MODEL _____ SERVICE RESTORED? YES [] NO []

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

*** NOTE: INCOMPLETE REPORTS WILL NOT BE ACCEPTED ***