Seattle Public Utilities
Backflow Prevention
Assembly Test Report

Return Completed Report to :
Seattle Public Utilities
CSB - Inspection Services
700 5th Avenue, Suite 2777
PO Box 34027
Seattle WA 98124-4027
Phone: 206-684-3536

Public Health
Seattle & King County
HEALTHY PEOPLE. HEALTHY COMMUNITIES.

NOTE: COMPLETE REPORT MUST INCLUDE ASSEMBLY ID NUMBER

ASSEMBLY ID: _____ PASSED ANNUAL TEST: YES ❑ NO ❑

NAME OF PREMISE _____ COMMERCIAL ❑ RESIDENTIAL ❑

SERVICE ADDRESS _____ CITY _____ ZIP _____

CONTACT PERSON _____ PHONE ( ) _____ FAX ( ) _____

LOCATION OF ASSEMBLY _____

DOWNSTREAM PROCESS _____ DCVA ❑ RPBA ❑ PVBA ❑ OTHER:

NEW INSTALL ❑ EXISTING ❑ REPLACEMENT ❑ OLD SER. # PROPER ISTALLATION? YES ❑ NO ❑

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

INITIAL TEST	DCVA / RPBA CHECK VALVE NO. 1	DCVA/ / RPBA CHECK VALVE NO. 2	RPBA	PVBA / SVBA AIR INLET
PASSED ❑ FAILED ❑	LEAKED ❑ _____PSID	LEAKED ❑ _____PSID	OPENED AT ____ PSID #1 CHECK ____ PSID AIR GAP OK?____	OPENED AT____PSID DID NOT OPEN ❑
NEW PARTS AND REPAIRS	CLEAN REPLACE PART ❑ ❑ ____ ❑ ❑ ____ ❑ ❑ ____ ❑ ❑ ____	CLEAN REPLACE PART ❑ ❑ ____ ❑ ❑ ____ ❑ ❑ ____ ❑ ❑ ____	CLEAN REPLACE 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

_____ CONFINED SPACE? _____

TESTERS SIGNATURE: _____ CERT. NO. _____ DATE _____

TESTERS NAME PRINTED: _____ TESTERS 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.