



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Return reports to:
 Spanaway Water Company, WA
 P.O. Box 1000
 18413 B Street E
 Spanaway WA 98387

 FAX: (253) 539-9526

Assembly ID _____ Schedule Code _____ Authorized Tester: _____

Facility Name _____ Commercial: ☐ Residential: ☐

Mailing Address _____

Service Address _____ City: _____ Zip: _____

Contact Name _____ Phone: _____ FAX: _____

Equip Location _____

Hazard Type _____ DCVA ☐ RPBA ☐ PVBA ☐ AG ☐ Other _____

New Install ☐ Existing ☐ Replacement ☐ Old SN# _____ Proper Installation? ☐ Yes ☐ No

Make of Assembly: _____ Model: _____ Serial Number _____ Size: _____

Initial Test	DCVA / RPBA CHECK VALVE #1	DCVA / RPBA CHECK VALVE #2	RPBA	PVBA/SVBA
Passed <input type="checkbox"/> Failed <input type="checkbox"/>	Leaked <input type="checkbox"/> _____ PSID	Leaked <input type="checkbox"/> _____ PSID	Opened at _____ PSID #1 Check _____ PSID Air Gap OK _____	Air Inlet Opened at _____ PSID Did not Open <input type="checkbox"/>
New Parts and Repairs	Clean Replace Part	Clean Replace Part	Clean Replace Part	Check Valve
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	Held at _____ PSID
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	Leaked <input type="checkbox"/>
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	Cleaned <input type="checkbox"/>
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	Repaired <input type="checkbox"/>
Test After Repairs				
Passed <input type="checkbox"/> Failed <input type="checkbox"/>	Leaked <input type="checkbox"/> _____ PSID	Leaked <input type="checkbox"/> _____ PSID	Opened at _____ PSID #1 Check _____ PSID	Air Inlet _____ PSID Check Valve _____ PSID

Air Gap Inspection: Supply Pipe Diameter: _____" Separation: _____" Pass ☐ Fail ☐

Remarks: _____ Line Pressure _____ PSI

Tester Signature: _____ Cert. No.: _____ Date: _____

Tester Name Printed: _____ Testers Phone # () _____

Repaired By: _____ Date: _____

Final Test By: _____ Cert. No.: _____ Date: _____

Calibration Date: _____ Make/Model: _____ Gauge # _____