



City of Tukwila
Public Works Maintenance Department
Backflow Assembly Test Report Form

NAME _____ ACCOUNT # _____
 SERVICE ADDRESS _____ METER # _____
 CITY _____ STATE _____ ZIP CODE _____
 ASSEMBLY LOCATION _____

CROSS-CONNECTION CONTROL FOR? _____

SIZE _____ MAKE _____ MODEL _____ TYPE _____ SN _____

LINE PRESSURE AT TIME OF TEST? _____ PSI NEW? EXISTING? REPLACEMENT?

	INITIAL TEST RESULTS		TESTS AFTER REPAIR OR CLEANING
RPBA	PSI DROP ACROSS #1 CHECK VALVE _____ PSID		PSI DROP ACROSS #1 CHECK VALVE _____ PSID
	RELIEF VALVE OPENED _____ PSID		RELIEF VALVE OPENED _____ PSID
	#1 CHECK VALVE CLOSED TIGHT? <input type="checkbox"/>		#1 CHECK VALVE CLOSED TIGHT? <input type="checkbox"/>
	#1 CHECK VALVE LEAKED? <input type="checkbox"/>		#1 CHECK VALVE LEAKED? <input type="checkbox"/>
	#2 CHECK VALVE CLOSED TIGHT? <input type="checkbox"/>		#2 CHECK VALVE CLOSED TIGHT? <input type="checkbox"/>
	#2 CHECK VALVE LEAKED? <input type="checkbox"/>		#2 CHECK VALVE LEAKED? <input type="checkbox"/>
	APPROVED AIR GAP PROVIDED? <input type="checkbox"/>		APPROVED AIR GAP PROVIDED? <input type="checkbox"/>
RPBA PASSED TEST? Yes <input type="checkbox"/> No <input type="checkbox"/>		RPBA PASSED TEST? Yes <input type="checkbox"/> No <input type="checkbox"/>	
DCVA	#1 CHECK VALVE CLOSED TIGHT? _____ PSID		#1 CHECK VALVE CLOSED TIGHT? _____ PSID
	#1 CHECK VALVE LEAKED? <input type="checkbox"/>		#1 CHECK VALVE LEAKED? <input type="checkbox"/>
	#2 CHECK VALVE CLOSED TIGHT? _____ PSID		#2 CHECK VALVE CLOSED TIGHT? _____ PSID
	#2 CHECK VALVE LEAKED? <input type="checkbox"/>		#2 CHECK VALVE LEAKED? <input type="checkbox"/>
	DCVA PASSED TEST? Yes <input type="checkbox"/> No <input type="checkbox"/>		DCVA PASSED TEST? Yes <input type="checkbox"/> No <input type="checkbox"/>
PVBA	AIR INLET OPENED AT _____ PSID		AIR INLET OPENED AT _____ PSID
	AIR INLET FAILED TO OPEN? <input type="checkbox"/>		AIR INLET FAILED TO OPEN? <input type="checkbox"/>
	CHECK VALVE HELD TIGHT AT _____ PSID		CHECK VALVE HELD TIGHT AT _____ PSID
	CHECK VALVE LEAKED? <input type="checkbox"/>		CHECK VALVE LEAKED? <input type="checkbox"/>
	PVBA PASSED TEST? Yes <input type="checkbox"/> No <input type="checkbox"/>		PVBA PASSED TEST? Yes <input type="checkbox"/> No <input type="checkbox"/>

APPROVED ASSEMBLY? PROPER INSTALLATION? INSPECTED BY CCS?

REMARKS _____

TEST COMPANY _____ PHONE _____

TEST KIT MAKE _____ MODEL _____ SN _____ CALIBRATION DATE _____

I certify that I used WAC 246-290-490 approved Test Methods and Differential Pressure Test Equipment

TESTER'S NAME (PRINTED) _____ CERTIFICATION # _____

SIGNATURE _____ DATE TESTED _____

REPAIRED BY _____ REPAIR DATE _____

RETESTED BY _____ CERT # _____ DATE TESTED _____