

BACKFLOW PREVENTION ASSEMBLY TEST REPORT



Please return report to:
 Utility Lines Division
 1340 E. Washington Street
 Petersburg VA, 23804
 Attn: Hall Wingfield
 PH # 804-733-2407
 FAX # 804-733-2342

INSTALL ID _____ ACCOUNT # _____

*NAME OF PREMISE _____ *Commercial Residential

*SERVICE ADDRESS _____ *CITY _____ ZIP _____

CONTACT PERSON _____ PHONE _____ FAX _____

*LOCATION OF ASSEMBLY _____

*DOWNSTREAM PROCESS _____ *DCVA RPBA PVBA OTHER

*NEW INSTALLATION EXISTING REPLACEMENT OLD ASSEMBLY SERIAL NUMBER _____

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

*DATE TESTED _____

INITIAL TEST	DCVA/RPBA CHECK VALVE NO. 1	DCVA/RPBA CHECK VALVE NO. 2	RPBA	PVBA AIR INLET
PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID <input type="checkbox"/>	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID AIR GAP OK Yes <input type="checkbox"/> No <input type="checkbox"/>	OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>
PARTS & REPAIRS	CLEAN <input type="checkbox"/> REPLACE PART <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CLEAN <input type="checkbox"/> REPLACE PART <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CLEAN <input type="checkbox"/> REPLACE PART <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CHECK VALVE HELD AT _____ PSID LEAKED <input type="checkbox"/> CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/>
TEST AFTER REPAIRS	CLOSED TIGHT <input type="checkbox"/> _____ PSID	CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID	AIR INLET _____ PSID CHK VALVE _____ PSID

REMARKS _____

*LINE PRESSURE _____

*TESTER'S SIGNATURE _____ *CERT. NO. _____

*TESTER'S NAME PRINTED _____ TESTERS PHONE # _____

REPAIRED BY _____ CERT. NO. _____ DATE _____

FINAL TEST BY _____ CERT. NO. _____ DATE _____

*GAGE SERIAL NUMBER _____ *GAGE CALIBRATION DATE _____

*WATER SERVICE RESTORED YES NO **Note: Lines labeled with an asterisk must be completed.**