

BACKFLOW PREVENTION ASSEMBLY TEST REPORT



Please return report to:
 Utility Lines Division
 424 Saint Andrew Street
 Petersburg Va. 23804
 Attn: Steve Daniel
 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: _____

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	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID AIR GAP OK? _____	OPENED AT _____ PSID OPEN <input type="checkbox"/>																																													
PARTS & REPAIRS	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">CLEAN</td> <td style="text-align: center;">REPLACE</td> <td style="text-align: center;">PART</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	CLEAN	REPLACE	PART	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">CLEAN</td> <td style="text-align: center;">REPLACE</td> <td style="text-align: center;">PART</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	CLEAN	REPLACE	PART	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">CLEAN</td> <td style="text-align: center;">REPLACE</td> <td style="text-align: center;">PART</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	CLEAN	REPLACE	PART	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
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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																																													

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

REMARKS: _____

_____ LINE PRESSURE _____

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

TESTER'S NAME PRINTED _____ TESTERS PHONE # () _____

REPAIRED BY _____ CERT. NO. _____ DATE _____

FINAL TEST BY _____ CERT. NO. _____ DATE _____

GAGE CALIBRATION DATE ____/____/____ WATER SERVICE RESTORED YES NO