

EMAIL TEST REPORT TO:  
[BACKFLOW@CIENUMCLAW.WA.US](mailto:BACKFLOW@CIENUMCLAW.WA.US)

CITY OF ENUMCLAW  
1309 MYRTLE AVE  
ENUMCLAW, WA. 98022

PHONE: 360-825-3593  
FAX: 360-825-7232

### BACKFLOW ASSEMBLY TEST REPORT FORM

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
SERVICE ADDRESS \_\_\_\_\_ CITY Enumclaw STATE WA ZIP 98022  
ASSEMBLY LOCATION \_\_\_\_\_  
CROSS-CONNECTION CONTROL FOR \_\_\_\_\_  
HAZARD CLASS \_\_\_\_\_ DETECTOR METER # \_\_\_\_\_ METER READ \_\_\_\_\_  
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 SVBA	AIR INLET OPENED AT _____	PSID _____		AIR INLET OPENED AT _____	PSID _____		
	AIV OPENED FULLY? <input type="checkbox"/> FAILED? <input type="checkbox"/>			AIV OPENED FULLY? <input type="checkbox"/> FAILED? <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/SVBA PASSED TEST? Yes <input type="checkbox"/> No <input type="checkbox"/>			PVBA/SVBA PASSED TEST? Yes <input type="checkbox"/> No <input type="checkbox"/>				

APPROVED ASSEMBLY?  PROPER INSTALLATION?  INSPECTED BY BAT / CCS?

REMARKS \_\_\_\_\_

TEST COMPANY \_\_\_\_\_ PHONE \_\_\_\_\_

TEST KIT MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ SN \_\_\_\_\_ CALIBRATION DATE \_\_\_\_\_

PRINTED TESTER NAME \_\_\_\_\_ CERTIFICATION # \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE TESTED \_\_\_\_\_

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

*I VERIFY THAT ALL INFORMATION ON THIS TEST REPORT IS ACCURATE*

REPAIRED BY \_\_\_\_\_ REPAIR DATE \_\_\_\_\_

RETESTED BY \_\_\_\_\_ CERT # \_\_\_\_\_ DATE TESTED \_\_\_\_\_