

**CITY OF OLYMPIA  
TEST REPORT FORM - BACKFLOW PREVENTION ASSEMBLY**



Name of Business or Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Device Location: \_\_\_\_\_

Cross-Connection Hazard: \_\_\_\_\_ Commercial  Residential

DEVICE TYPE AND SIZE	
Size:	_____
Manufacturer:	_____
Serial Number:	_____
Model Number:	_____

Does the assembly meet the City of Olympia's installation requirements? Yes  No

Comments: \_\_\_\_\_

	<u>DCVA</u>	<u>RPBA</u>	<u>PVBA/SVBA</u>																																													
<b>Initial Test</b>  Passed <input type="checkbox"/> Failed <input type="checkbox"/>	<u>Check Valve No. 1</u> Leaked <input type="checkbox"/> _____ Psid  <u>Check Valve No. 2</u> Leaked <input type="checkbox"/> _____ Psid	<u>Relief Valve</u> Opened at _____ Psid Did Not Open <input type="checkbox"/>  <u>Check Valve #1</u> _____ Psid  <u>Check Valve #2</u> Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>  <u>Approved Air Gap</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Air Inlet Valve</u> Opened at _____ Psid Fully Opened Yes <input type="checkbox"/> No <input type="checkbox"/> Did Not Open <input type="checkbox"/>  <u>Check Valve</u> Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____ Psid																																													
<b>Parts and Repairs</b>	<table border="0"> <tr> <td>Clean</td> <td>Replace</td> <td>Part(s)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> </table>	Clean	Replace	Part(s)	<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 border="0"> <tr> <td>Clean</td> <td>Replace</td> <td>Part(s)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> </table>	Clean	Replace	Part(s)	<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 border="0"> <tr> <td>Clean</td> <td>Replace</td> <td>Part(s)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> </table>	Clean	Replace	Part(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
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<b>Final Test After Cleaning/Repair</b>  Passed <input type="checkbox"/> Failed <input type="checkbox"/>	<u>Check Valve No. 1</u> _____ Psid  <u>Check Valve No. 2</u> Leaked <input type="checkbox"/> _____ Psid Closed Tight <input type="checkbox"/>	<u>Relief Valve</u> Opened at _____ Psid  <u>Check Valve #1</u> _____ Psid  <u>Check Valve #2</u> Closed Tight <input type="checkbox"/>	<u>Air Inlet Valve</u> Opened at _____ Psid Fully Opened Yes <input type="checkbox"/> No <input type="checkbox"/>  <u>Check Valve</u> Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____ Psid																																													

TEST EQUIPMENT				
Gauge	Make	Model	Serial Number	Verification Date

**OTHER**

Line Pressure: \_\_\_\_\_ Washington State Approved Assembly: Yes  No

Meter Reading: \_\_\_\_\_

Relief Valve Exercised: \_\_\_\_\_

Did the assembly pass the test using Washington State approved test procedures? Yes  No

	Date	Print Name	Signature	Tester #	Tester's Phone #
Initial Test					
Repairs					
Final Test					