



Testing Procedure: 9th edition ____ 10th edition ____

Please return report to:
 City of Redmond
 MS: MOCPW
 PO Box 97010
 Redmond, WA 98073-9710
 Email: backflowtests@redmond.gov

ACCOUNT #: _____

NAME OF PREMISES: _____ Commercial Residential

SERVICE ADDRESS: _____ CITY: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: () _____ FAX: () _____

LOCATION OF ASSEMBLY: _____

DOWNSTREAM PROCESS: _____ DCVA DCDA RPBA PVBA OTHER: _____

NEW INSTALL EXISTING REPLACEMENT OLD SER# _____ PROPER INSTALL? Yes No

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

INITIAL TEST	DCVA/RPBA CHECK VALVE NO.1	DCVA/RPBA CHECK VALVE NO.2	RPBA	PVBA																																													
PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	CLOSED TIGHT _____ LEAKED _____ _____ PSID	CLOSED TIGHT _____ LEAKED _____ _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID AIR GAP OK? _____	AIR INLET OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/> CHK VALVE _____ PSID																																													
NEW PARTS AND 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></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table>	CLEAN	REPLACE	PART	<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></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table>	CLEAN	REPLACE	PART	<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></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table>	CLEAN	REPLACE	PART	<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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AIR GAP INSPECTION: Required minimum air gap separation provided? Yes No Detector Meter Reading _____

REMARKS: _____ LINE PRESSURE _____ PSI

_____ CONFINED SPACE? _____

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

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

REPAIRED BY _____ CERT. NO. _____ DATE _____

FINAL TEST BY _____ CERT. NO. _____ DATE _____

GAUGE CALIBRATION ___ / ___ / ___ GAUGE# _____ MODEL _____ SERVICE RESTORED - YES NO

I certify that this report is accurate, and I have used WAC 246-290-490 approved test methods and test equipment.