

BACKFLOW ASSEMBLY TEST FORM.

RETURN ORIGINAL FORM ONLY .

City of Snoqualamish, WA

Assembly ID		Facility Name			
Acct Number		Meter #		Test Report Due:	
Service Address				Schedule Code	
				Assembly Info	(Replacement/Correction)
Equip Location				SN	<input type="checkbox"/>
Location ID		Protection Type		Mfr	<input type="checkbox"/>
Contact Name			Ph	Type	<input type="checkbox"/>
Map Page			#2	Size	<input type="checkbox"/>
				Model	<input type="checkbox"/>
				Install Date	
				Permit Num	
			Hazard Type		Haz. Level

Line pressure at time of test: _____

REPORT OF TEST RESULTS

Approved BFP

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut Off Valves	
Initial Test	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Opened at _____ PSID	<input type="checkbox"/> Air Inlet Opened at _____ PSID		#1 #2
Pass	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight		<input type="checkbox"/> Did not Open	Closed Tight	<input type="checkbox"/> <input type="checkbox"/>
Fail	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Check Held at _____ PSID	Leaked	<input type="checkbox"/> <input type="checkbox"/>
R E P A I R	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	CLEANED REPLACED REPAIR	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Air Inlet Disc		
	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Air Inlet Spring		
	<input type="checkbox"/> Guide	<input type="checkbox"/> Guide	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Check Disc		
	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Check Spring		
	<input type="checkbox"/> Hinge Pin	<input type="checkbox"/> Hinge Pin	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> Float		
	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> Diaphragm		
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	Other	<input type="checkbox"/> <input type="checkbox"/>
	Other/Notes: _____					

Final Test	_____ PSID	_____ PSID	<input type="checkbox"/> Opened at _____ PSID	Air Inlet _____ PSID	Closed Tight	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	_____ PSID	CK Valve _____ PSID	Pass	<input type="checkbox"/>

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

1A

Initial Test By	Certificate	Date:	Gauge Num	Time In	Time Out	Company	Phone
Final Test By							
Repair By							



BACKFLOW ASSEMBLY TEST FORM.

RETURN ORIGINAL FORM ONLY .

City of Snoqualamish, WA

Assembly ID	0	Facility Name			
Acct Number		Meter #		Return Form By:	
Service Address				Schedule Code	
				Assembly Info	
Location				SN	<input type="checkbox"/>
Location ID				Mfg	<input type="checkbox"/>
Contact Name				Type	<input type="checkbox"/>
Map Page		Emergency Ph:		Size	<input type="checkbox"/>
				Model	<input type="checkbox"/>
				Install Date	
				Permit Num	
		Hazard Type			Haz. Level

Line pressure at time of test: _____

REPORT OF TEST RESULTS

1B

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut Off Valves	
Initial Test	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Opened at _____ PSID	<input type="checkbox"/> Air Inlet Opened at _____ PSID		#1 #2
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Did not Open	Closed Tight	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked		<input type="checkbox"/> Check Held at _____ PSID	Leaked	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Leaked			<input type="checkbox"/> Leaked		
	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	CLEANED	<input type="checkbox"/> <input type="checkbox"/>
Initial Test Passed <input type="checkbox"/> Failed <input type="checkbox"/>						
Comments						
Passed Final Test <input type="checkbox"/>						
Final Test	_____ PSID	_____ PSID	<input type="checkbox"/> Opened at _____ PSID	Air Inlet _____ PSID		
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	_____ PSID	CK Valve _____ PSID	Closed Tight	<input type="checkbox"/> <input type="checkbox"/>

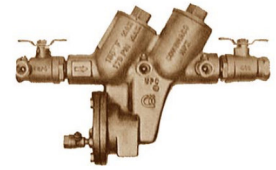
THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

Initial Test By	Certificate	Date:	Gauge Num	Time In	Time Out	Company	Phone
Final Test By							
Repair By							

City of Snoqualamish, WA

BACKFLOW PREVENTION DEVICE

FIELD TEST - MAINTENANCE REPORT



Tap Number		Business Name			Facility Address		
Map Page	Room Type	Water Use	Hazard		Location		
Protection Type		Manufacturer	Model	Size	Serial Number		

	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	AIR INLET VALVE
INITIAL TEST	CLOSED TIGHT <input type="checkbox"/> SEATED _____ PSID SEATED _____ PSID LEAKED <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/> SEATED _____ PSID LEAKED <input type="checkbox"/>	OPENED AT _____ PSID OPEN UNDER #2 OR DID NOT OPEN <input type="checkbox"/>	OPENED AT _____ PSID OPEN UNDER #1 OR DID NOT OPEN <input type="checkbox"/>
R E P A I R S	CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> DISC <input type="checkbox"/> SPRING <input type="checkbox"/> SEAT <input type="checkbox"/> MODULE <input type="checkbox"/> OTHER DESCRIBE: <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> DISC(S) <input type="checkbox"/> SPRING <input type="checkbox"/> SEAT <input type="checkbox"/> MODULE <input type="checkbox"/> OTHER DESCRIBE: <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> DISC(S) <input type="checkbox"/> SPRING <input type="checkbox"/> DIAPHRAGM(S) <input type="checkbox"/> SEAT(S) <input type="checkbox"/> O-RING(S) <input type="checkbox"/> OTHER DESCRIBE: <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> DISC <input type="checkbox"/> SPRING <input type="checkbox"/> FLOAT <input type="checkbox"/> OTHER DESCRIBE: <input type="checkbox"/>
FINAL TEST	SEATED _____ PSID CLOSED TIGHT <input type="checkbox"/>	SEATED _____ PSID CLOSED TIGHT <input type="checkbox"/>	OPENED AT _____ PSID	OPENED AT _____ PSID

THE ABOVE REPORT IS CERTIFIED TO BE TRUE.

Initial Test by (Signature)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tester Number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	MO	DAY	YR
-----------------------------	--	---------------	--	----	-----	----

Name (Please print)

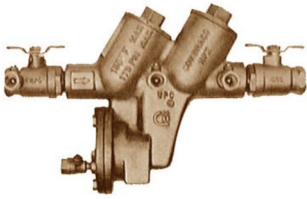
Repaired by	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tester Number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	MO	DAY	YR
-------------	--	---------------	--	----	-----	----

Final Test by (Signature)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tester Number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	MO	DAY	YR
---------------------------	--	---------------	--	----	-----	----

MAIL TO:

RETURN ORIGINAL FORM TO:

RETURN NO LATER THAN:



CHICAGO WATER DEPARTMENT BACKFLOW PREVENTER TEST REPORT

PLUMBING INSPECTION DEPARTMENT

PHONE

FAX

PERMIT # _____

ORIGINAL TEST

TIME ____ AM. PM. ____ DATE ____ DISTRICT ____

RETEST PASS FAIL

TEST KIT _____ CALIBRATION DATE _____

ADDRESS _____ OWNER _____

CONTACT _____ PHONE _____ FAX _____

CONTRACTOR _____ PHONE _____

DEVICE = RP DC DCDA PVB SUPPLY PRESSURE _____ PSIG

MFR _____ SIZE _____ MODEL# _____ SERIAL# _____

ON LINE TO _____

EXACT LOCATION _____

CHECK VALVE #1

CHECK VALVE #2

RELIEF VALVE

INITIAL TEST CLOSED TIGHT
LEAKED
_____ PSID
COMMENTS

CLOSED TIGHT
LEAKED
_____ PSID
COMMENTS

OPENED @ _____ PSID / RP ZONE
 DID NOT OPEN
COMMENTS

FINAL TEST CLOSED TIGHT

CLOSED TIGHT

OPENED @ _____ PSID

CONTROL VALVE #1

CONTROL VALVE #2

TEST COCKS

TYPE _____
RW
CLOSED TIGHT
LEAKED
COMMENTS

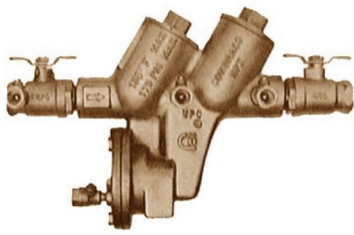
TYPE _____
RW
CLOSED TIGHT
LEAKED
COMMENTS

COMPLETE
 MISSING # _____
 DAMAGED
 COMMENTS

COMMENTS _____

CCCDI# XC _____ PLUMBING LICENSE# _____

CCCDI NAME (PRINT) _____ SIGNATURE _____



Backflow Prevention Device Inspection and Maintenance Report Form

Owner of Property _____ Date _____

Mailing Address _____ Examined by _____

(Town) (ST) (Zip)

Contact Person _____ Certificate # _____

Device Address _____ RPZ DCVA PVB

(Town) (ST) (Zip)

Bronze Iron St. Steel

Exact Device Location _____ Permit Number _____

_____ Make _____ Model No. _____

_____ Size _____ Serial No. _____

	Reduced Pressure Backflow Preventer			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Check Valve	Air Inlet
	Check Valve No. 1	Check Valve No. 2			
Initial Test	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____PSID	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____PSID	Opened at _____PSID Did Not Open <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____PSID	Opened at _____PSID Did Not Open <input type="checkbox"/>
Repairs					
Test After Repairs	Closed Tight <input type="checkbox"/> _____PSID	Closed Tight <input type="checkbox"/> _____PSID	Opened at <input type="checkbox"/> _____PSID	Closed Tight <input type="checkbox"/> _____PSID	Opened at _____PSID
Condition of No. 2 Shutoff Valve <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked					

Tester Certification: I certify that the foregoing test report is correct.

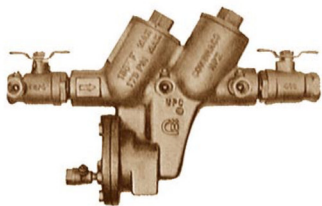
Witnessed by: _____ **PASS** **FAIL**

Owner Agent _____ Remarks _____

Water Works Official _____

State Official _____

Certified Tester _____



Backflow Prevention Device Inspection and Maintenance Report Form

Test Status
 Initial
 Re-Test
 Annual
 Semi-Annual

City of Snoqualamish, WA

Snoqualamish

Public Water System Name

PWS City/Town

PWS ID Number

Owner of Property _____

RPZ DCVA PVB

Mailing Address _____

Bronze Iron St. Steel

(Town) (ST) (Zip)

Permit Number _____

Contact Person _____

Make _____ Model No. _____

Device Address _____

Size _____ Serial No. _____

(Town) (ST) (Zip)

Valve Type: Ball OS&Y Butterfly Other

Domestic Line Fire Sprinkler Line

Exact Device Location _____

	Reduced Pressure Backflow Preventer			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve		
	Check Valve No. 1	Check Valve No. 2			
Initial Test/ Routine Test	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____PSID	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____PSID
Date _____	_____PSID	_____PSID	Did Not Open <input type="checkbox"/>	_____PSID	Did Not Open <input type="checkbox"/>
Repairs					
Date _____					
Test After Repairs	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at
Date _____	_____PSID	_____PSID	_____PSID	_____PSID	_____PSID
Condition of No. 2 Shutoff Valve		Closed Tight <input type="checkbox"/>	Leaked <input type="checkbox"/>		
TEST RESULT		PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>		

The Above Test/Inspection is Certified to be True

Repair Person: These devices must be repaired by a Massachusetts Licensed Plumber or a Fire Sprinkler Fitter.

MA License Plumbers/FSF Name (Print) _____ Plumber/FSF Lic # _____ Cert. Exp Date _____ Signature _____ Date _____

● **Backflow Device Test Conducted by: (MA - DEP Backflow Prevention Device Tester)**

MA-DEP Certified Tester Name (Print) _____ MA-DEP Cert Tester ID _____ Cert. Exp Date _____ Signature _____ Date _____

● **Backflow Device Test Witnessed By: (Facility Owner/Representative)**

Facility Owner/Representative (Print) _____ Signature _____ Date _____

Water Use Protection Test Report

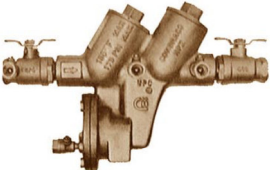
Facility	BUSINESS NAME				FACILITY ID	
Address:	WATER ACCT	METER NO.	CODE	CONTACT		TITLE
				PHONE	EXT	
				FAX		

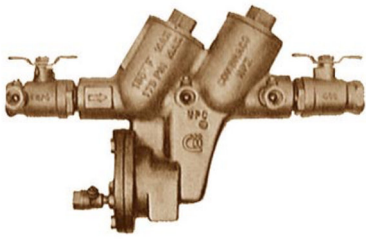
Water Use	TAP NUMBER	MAP PAGE	FLOOR	ROOM	ROOM TYPE	METER NUMBER
	Location:					
	Description:					
Hazard:	Type:					
Water Use Notes:					Back Pressure:	
					Continuous Pressure:	

Protection	DEVICE ID	TYPE			USE
	0				
	MANUFACTURER	MODEL	SIZE	SERIAL NUMBER	

Tests	STEP	COMPONENT	TEST	REQUIREMENT	INITIAL TEST	FINAL TEST
REDUCED PRESSURE	1:	Check Valve 1	Apparent Pressure Drop			
	2:	Relief Valve	Opening Pressure	2.0 PSID min		
	3:	Check Valve 2	Held against Backpressure (yes/no)	yes		
	4:	Check Valve1	Confirmed Pressure Drop	5.0 PSID min		
	5:	Buffer	Confirmed Pressure - Relief Valve Pressure	3.0 PSID pref.		
DOUBLE CHECK VALVE	1:	Check Valve 1	Differential Pressure in direction of flow	1.0 PSID min		
	2:	Check Valve 2	Differential Pressure in direction of flow	1.0 PSID min		
PRESSURE VACUUM BREAKER	1:	Air Inlet Valve	Opening Differential	1.0 PSID min		
	2:	Check Valve	Closes tight in direction of flow	1.0 PSID min		

Notes & Repairs	Line Pressure: _____

	Tester's Certification	
	PRINT NAME	DATE OF TEST
	SIGNATURE	TESTER #
		TEST KIT #



Existing New Replacement

Replaces SN# _____

Serial Number _____

Map Page _____

PWS ID:

(206) 555-1213

Contact Name _____

Assembly Location Information

Facility Name _____ Location ID _____

Service Address _____ Zip: _____ Phone: _____

Property Information

Mailing Name _____

Address 1 _____

City/ST/Zip _____ ST: _____ Zip: _____ Telephone _____

Assembly Information

PVB SVB DC DCDA RP RPDA Air Gap Other

Size: _____ Mfg: _____ Model: _____

Equip Location _____

Hazard Type _____

Water Turn Off Authorization: (Print) _____ Time: _____

Is the Assembly installed in accordance with manufacturers recommendations and/or local codes? Yes No

Test Date	Reduced Pressure Principal Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	Check Valve #1	Check Valve #2		Opened at _____ PSID	Held at _____ PSID
Initial Test <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Opened at _____ PSID <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Did not Open	<input type="checkbox"/> Leaked
Repairs and Materials Used					
Final Test <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Held at _____ PSID <input type="checkbox"/> Closed Tight	Held at _____ PSID <input type="checkbox"/> Closed Tight	Opened at _____ PSID	Opened at _____ PSID	Held at _____ PSID

Test Gauge Used: _____ Manufacturer/Model: _____ SN: _____ Calibration Date: _____

Remarks _____

The above is certified to be true at the time of testing:

Tester Name: _____ Company Name: _____

Company Address: _____ Phone #: _____

Test Acknowledged By: _____ Certified Tester #: _____

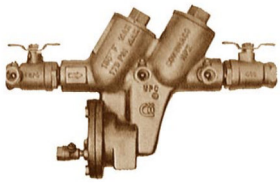
Service Restored: Yes No

The backflow prevention assembly detailed above has been tested and maintained as required by TCEQ regulations and is certified to be operating within acceptable parameters.

Company Name

Address

CCBFID#



BACKFLOW ASSEMBLY TEST FORM.

RETURN ORIGINAL FORM ONLY .

City of Snoqualamish, WA

Service Address	Acct Number	
Facility Name	Schedule Code	
Meter #1 / #2	Permit Num	
Meter Location	Location ID	
	Assembly Info (Replacement/Correction)	
	SN <input type="checkbox"/>	
Phone #1 / #2	Mfr <input type="checkbox"/>	
Contact Name	Type <input type="checkbox"/>	
Mailing Address	Size <input type="checkbox"/>	
Mailing City/State	Model <input type="checkbox"/>	
Comments:	Notes:	

- Pass**
 Fail
 Outside Tester
 See Comments

DCV				
RPP			Device Install Date	
Check Valve #1	Check Valve #2	Relief Valve	Device Inspected By	
<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	Opened at	Last Tested Date	
PSID	PSID	PSID	Last Tested By	
<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Opened Under 2.0 PSID <input type="checkbox"/> Did Not Open		

INSPECTION RESULTS

- ASSEMBLY UNTESTABLE**
 - Unapproved Assembly
 - Shut-Off Valves #1 #2
 - No Access
- ASSEMBLY INSTALLED INCORRECTLY**
 - Distance from Meter _____
 - Clearance _____
 - Height _____
 - Configuration _____
- ASSEMBLY FAILURE**
 - Shut-Off Valves Not Holding #1 #2 _____
 - Check Valves Not Holding #1 #2 _____
 - Pressure Relief Valve Fouled Not Opening Opening Under 2.0 PSID
 - Inadequate Buffer
- NO BACKFLOW PROTECTION / MISSING**
- UNPROTECTED CROSS-CONNECTION**

COMMENTS _____

REQUIRED CORRECTION

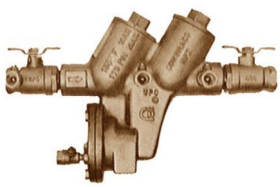
- | | |
|---|---|
| <input type="checkbox"/> Install Approved RPP Device per Diagram
<input type="checkbox"/> Have above Referenced Assembly Repaired
<input type="checkbox"/> Have Assembly Tested
<input type="checkbox"/> Install Assembly Directly Behind Meter
<input type="checkbox"/> Call: Regarding: _____ | <input type="checkbox"/> Install Approved DCV Device per Diagram
<input type="checkbox"/> Replace with Approved Shut-Off Valves
<input type="checkbox"/> Remove/Protect Cross-Connection By-Pass
<input type="checkbox"/> Expose Piping for Inspection
<input type="checkbox"/> _____ |
|---|---|

Compliance is requested in accordance with Title 17 of the California Administrative Code and the SJWC Cross Connection Control Program.

By _____

Certif # _____

Date _____



BACKFLOW ASSEMBLY TEST FORM.

RETURN ORIGINAL FORM ONLY .

City of Snoqualamish, WA

Assembly ID	0	Facility Name			
Acct Number		Meter #		Return Form By:	
Service Address				Schedule Code	
				Assembly Info	(Replacement/Correction)
Equip Location				SN	<input type="checkbox"/>
Location ID				Mfr	<input type="checkbox"/>
Contact Name		Ph		Type	<input type="checkbox"/>
Map Page		#2		Size	<input type="checkbox"/>
				Model	<input type="checkbox"/>
				Install Date	
				Permit Num	
Protection Type		Hazard Type		Haz. Level	

REQUIREMENTS		Yes	No		Yes	No
1. Is the device installed per:	<input type="checkbox"/>	<input type="checkbox"/>	3. Is there PVC Pipe between Meter and Backflow Preventer?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is there a strainer or Pressure Regulator between Meter and Backflow Preventer?	<input type="checkbox"/>	<input type="checkbox"/>	4. Is there a Tee between Meter and Backflow Preventer?	<input type="checkbox"/>	<input type="checkbox"/>	

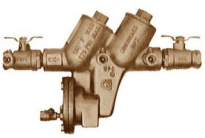
Line pressure at time of test: _____

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut Off Valves		
Initial Test	<input type="checkbox"/> Held at PSID Apparent _____ Actual _____	<input type="checkbox"/> Held at _____ PSID <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Opened at _____ PSID <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Air Inlet Opened at _____ PSID <input type="checkbox"/> Did not Open <input type="checkbox"/> Check Held at _____ PSID <input type="checkbox"/> Leaked	Closed Tight Leaked	#1 <input type="checkbox"/>	#2 <input type="checkbox"/>
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked				#1 <input type="checkbox"/>	#2 <input type="checkbox"/>
REPAIR	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Diaphragm <input type="checkbox"/> Module <input type="checkbox"/> _____	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Module <input type="checkbox"/> _____	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> _____	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Air Inlet Disc <input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Check Disc <input type="checkbox"/> Check Spring <input type="checkbox"/> Float <input type="checkbox"/> Diaphragm <input type="checkbox"/> _____	CLEANED REPLACED REPAIR	#1 <input type="checkbox"/>	#2 <input type="checkbox"/>
	Other/Notes: _____					Other	#1 <input type="checkbox"/>

Final Test	<input type="checkbox"/> Held at PSID Apparent _____ Actual _____	_____ PSID <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Opened at _____ PSID	Air Inlet _____ PSID CK Valve _____ PSID	Closed Tight	#1 <input type="checkbox"/>	#2 <input type="checkbox"/>

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

Initial Test By	Certificate	Date:	Gauge Num	Time In	Time Out	Company	Phone
Final Test By							
Repair By							



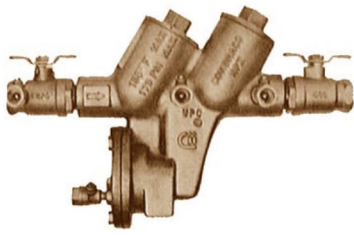
**Backflow Prevention Assembly
Test Report**

Water Purveyor		Water Meter No		Permit No
Type	Mfr	Size	Model Number	Serial Number
Facility/Owner		Contact		Phone
Address		City, State, Zip		
Owner Representative		Person to Contact		Phone
Representative Address		Assembly Address		
On-Site Location				Line Pressure:
Primary Business or Service at this Location		Is this a New Installation		<input type="checkbox"/> New <input type="checkbox"/> Existing
		Does this Assembly Replace Another		<input type="checkbox"/> Replacement Serial #
Purpose:	Protection Type:	Service Type		
Double Check Valve Assembly OR Reduced Pressure Principle Assembly				Pressure Vacuum Breaker
				Back Pressure
	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve	Air Inlet Opened at _____ PSID <input type="checkbox"/> Leaked
Initial Test	<input type="checkbox"/> Closed Tight _____ PSID <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight _____ PSID <input type="checkbox"/> Leaked	Opened at _____ PSID <input type="checkbox"/> Did Not Open	Check Held at _____ PSID <input type="checkbox"/> Leaked
R E P A I R S	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED
	<input type="checkbox"/> Rubber Kit <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat	<input type="checkbox"/> Rubber Kit <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat	<input type="checkbox"/> Rubber Kit <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat	<input type="checkbox"/> Rubber Kit <input type="checkbox"/> Air Inlet Disc <input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Check Disc <input type="checkbox"/> Check Spring
Shut Off Valves Repaired <input type="checkbox"/> #1 <input type="checkbox"/> #2 Replaced <input type="checkbox"/> #1 <input type="checkbox"/> #2				
Final Test	<input type="checkbox"/> Closed Tight _____ PSID	<input type="checkbox"/> Closed Tight _____ PSID	Opened at _____ PSID Reduced Pressure	Air Inlet _____ PSID CK Valve _____ PSID

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

Initial Test (If Failed) By:	Certified Tester No.	Date Failed	Test Kit Serial
Repaired (If Necessary) By:		Date Repaired	
Final Test By:		Date Passed	Test Kit Serial

Comments:



Backflow Prevention Device Inspection and Maintenance Report Form

Owner of Property _____ Return Form By: _____

Mailing Address _____ Test Date _____

(Town) (ST) (Zip)

Contact Person _____ RPBP DCV PVB

Device Address _____ RPDA DDCV SVB

(Town) (ST) (Zip)

Permit Number _____

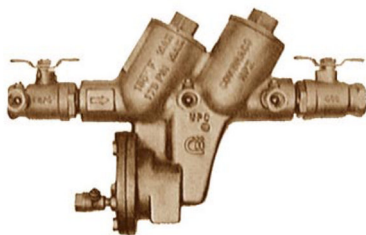
Exact Location _____ Make _____ Model No. _____

Size _____ Serial No. _____

Line PSI _____	Reduced Pressure Backflow Preventer			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Check Valve	Air Inlet
	Check Valve No. 1	Check Valve No. 2			
Initial Test PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____PSID	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____PSID	Opened at _____PSID Did Not Open <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____PSID	Opened at _____PSID Did Not Open <input type="checkbox"/>
Repairs					
Final Test PASS <input type="checkbox"/>	Closed Tight <input type="checkbox"/> _____PSID	Closed Tight <input type="checkbox"/> _____PSID	Opened at <input type="checkbox"/> _____PSID	Closed Tight <input type="checkbox"/> _____PSID	Opened at _____PSID
Condition of No. 2 Shutoff Valve <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked					
Notes:					
Certification: On this date, the above device was tested per applicable codes and the required performance standards.					
Test Type		Gauge No.		Testing Firm	
Tester Name				Tester Certification No.	

Tester Signature: _____ Date: _____

Contact Signature: _____ Date: _____



Existing New Replacement

Replaces SN# _____
 Serial Number _____
 Map Page _____
 Assembly ID _____
 Contact Name _____

PWS ID:

(206) 555-1213

Assembly Location Information

Facility Name _____ Location ID _____
 Service Address _____ Zip: _____ Phone: _____

Property Information

Mailing Name _____
 Address 1 _____
 City/ST/Zip _____ ST: _____ Zip: _____ Telephone _____

Assembly Information

Type: _____ Size: _____ Mfg: _____ Model: _____

Equip Location _____

Hazard Type _____

Water Turn Off Authorization: (Print) _____ Time: _____

Is the Assembly installed in accordance with manufacturers recommendations and/or local codes? Yes No

Test Date	Reduced Pressure Principal Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	Check Valve #1	Check Valve #2		Opened at _____ PSID	Held at _____ PSID
Initial Test <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Opened at _____ PSID <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Did not Open	<input type="checkbox"/> Leaked
Repairs and Materials Used					
Final Test <input type="checkbox"/> Pass	Held at _____ PSID <input type="checkbox"/> Closed Tight	Held at _____ PSID <input type="checkbox"/> Closed Tight	Opened at _____ PSID	Opened at _____ PSID	Held at _____ PSID

Test Gauge Used: Manufacturer/Model: _____ SN: _____ Calib/Accur Date: _____

Remarks _____

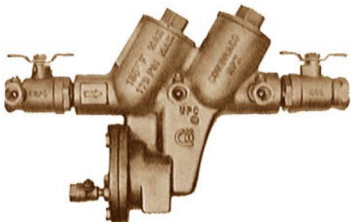
The above is certified to be true at the time of testing

Service Restored: Yes No

Tester Name: _____ Company Name: _____

Company Address: _____ Phone #: _____

Tester Signature: _____ Certified Tester #: _____



SEND TO:

(206) 555-1213

Assembly Serial #	_____
Test Date/Time	_____
Gauge Serial #	_____
District Required Info	_____
Tester Certification #	_____
Date Certification Expires	_____

Assembly Test Results Pass Fail

Backflow Assembly Test and Maintenance Report

(Please Print)

Test # _____

Account	Water District/Authority _____ Account: _____ Contact Person _____
	Facility Name _____ Contact Phone # _____
	Service Address _____
	Mailing Address _____

OMC	Owner <input type="checkbox"/> Manager <input type="checkbox"/> Contractor <input type="checkbox"/> Other _____ Contact Person _____
	Company Name/Title _____ Contact Phone # _____
	Mailing Address _____

Assembly	Make: _____ Model: _____ Size: _____																								
	<input type="checkbox"/> RPZ <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> SVB <input type="checkbox"/> Air Gap <input type="checkbox"/> AVB <input type="checkbox"/> Other _____																								
	Date Installed _____ Location on Property _____																								
	(Only if Applicable - Include Previous Serial#)																								
	<input type="checkbox"/> Replacement Assembly <input type="checkbox"/> New Installation <input type="checkbox"/> Stolen Previous Assembly Serial # _____																								
	<table border="0"> <tr> <td style="text-align: center;"><i>Inlet</i></td> <td style="text-align: center;"><u>Orientation</u></td> <td style="text-align: center;"><i>Outlet</i></td> <td style="text-align: center;"><u>Service</u></td> <td style="text-align: center;"><u>Protection</u></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Vertical Up</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Domestic</td> <td><input type="checkbox"/> Containment</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Vertical Down</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Fire</td> <td><input type="checkbox"/> Isolation</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Horizontal</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Irrigation</td> <td><input type="checkbox"/> Containment by Isolation</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table>	<i>Inlet</i>	<u>Orientation</u>	<i>Outlet</i>	<u>Service</u>	<u>Protection</u>	<input type="checkbox"/>	<input type="checkbox"/> Vertical Up	<input type="checkbox"/>	<input type="checkbox"/> Domestic	<input type="checkbox"/> Containment	<input type="checkbox"/>	<input type="checkbox"/> Vertical Down	<input type="checkbox"/>	<input type="checkbox"/> Fire	<input type="checkbox"/> Isolation	<input type="checkbox"/>	<input type="checkbox"/> Horizontal	<input type="checkbox"/>	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Containment by Isolation				<input type="checkbox"/> Other
<i>Inlet</i>	<u>Orientation</u>	<i>Outlet</i>	<u>Service</u>	<u>Protection</u>																					
<input type="checkbox"/>	<input type="checkbox"/> Vertical Up	<input type="checkbox"/>	<input type="checkbox"/> Domestic	<input type="checkbox"/> Containment																					
<input type="checkbox"/>	<input type="checkbox"/> Vertical Down	<input type="checkbox"/>	<input type="checkbox"/> Fire	<input type="checkbox"/> Isolation																					
<input type="checkbox"/>	<input type="checkbox"/> Horizontal	<input type="checkbox"/>	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Containment by Isolation																					
			<input type="checkbox"/> Other																						

Line PSI _____	Initial Test Results		Repaired			Cleaned			Re-Test Results				
	Tightness	Differential	<input type="checkbox"/> CK#1	<input type="checkbox"/> CK#2	<input type="checkbox"/> RV	<input type="checkbox"/> CK#1	<input type="checkbox"/> CK#2	<input type="checkbox"/> RV	Tightness	Differential			
Check Valve #1 CK#1: RPZ,DC,PVB,SVB	<input type="checkbox"/> Leak <input type="checkbox"/> Tight		CK#1 <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Other _____						<input type="checkbox"/> Leak <input type="checkbox"/> Tight				
Check Valve #2 CK#2: RPZ,DC	<input type="checkbox"/> Leak <input type="checkbox"/> Tight		CK#2 <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Other _____						<input type="checkbox"/> Leak <input type="checkbox"/> Tight				
Relief Valve RV: RPZ	/	/	RV <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> Other _____			/			/	/			
Buffer RPZ			Repaired <input type="checkbox"/> Air Inlet								Cleaned <input type="checkbox"/> Air Inlet		
Air Inlet PVB,SVB			Air Inlet <input type="checkbox"/> Poppet <input type="checkbox"/> Bonnet <input type="checkbox"/> Other _____										
Shutoff Valve #1	<input type="checkbox"/> Leak <input type="checkbox"/> Tight		SOV #1 <input type="checkbox"/> Open Upon Arrival <input type="checkbox"/> Open Upon Departure			Back Pressure Exists <input type="checkbox"/> Yes <input type="checkbox"/> No							
Shutoff Valve #2	<input type="checkbox"/> Leak <input type="checkbox"/> Tight		SOV #2 <input type="checkbox"/> Open Upon Arrival <input type="checkbox"/> Open Upon Departure			Cause _____							
Assembly Concerns: Incorrect Installation? <input type="checkbox"/> Incorrect Use? <input type="checkbox"/>	Test Procedure: ABPA <input type="checkbox"/> ASSE <input type="checkbox"/>		Comments _____ _____										
Turn Off Date: _____	Turn On Date: _____												
Turn Off Time: _____	Turn On Time: _____												

Notice	Alarm Company/Fire Department Notified: _____
	Person Notified: _____ Contacted By: _____
	Turn Off Date/Time: _____ Turn On Date/Time: _____

Kit	Test Gauge Make: _____ Test Gauge Model: _____ Last Calibration Date: _____

Tester	I hereby certify that the Isolation/Shutoff Valves (SOV #1 and SOV #2) have been returned to the position in which they were found and that the test was done according to the procedure shown above required by the Water District/Authority shown above; and the test readings are true and accurate to the best of my ability.	
	(Please Print) Testing Company: _____ Phone # _____	(Please Print) Customer Name: _____ Phone # _____
	Tester Name: _____ (Please Print) (Tester) Signature: _____	(Customer) Signature: _____

(Submit a Clearly Printed Copy to the Water Purveyor)



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Return reports to:
 CSB- Inspection Services
 700 5th Ave, Suite #4900
 P.O. Box 34018
 Seattle, WA 98124-4018
 Phone : (206) 684-3536
 FAX : (206) 684-7585

Assembly ID _____ Schedule Code _____ Authorized Tester: _____

Facility Name _____ Commercial: Residential:

Service Address _____ City: _____ Zip: _____

Contact Name _____ Phone: _____ FAX: _____

Equip Location _____

Hazard Type _____ DCVA RPBA PVBA AG Other _____

New Install Existing Replacement Old SN# _____ Proper Installation? Yes No

Make of Assembly: _____ Model: _____ Serial Number _____ Size: _____

	<u>DCVA / RPBA</u> <u>CHECK VALVE #1</u>	<u>DCVA / RPBA</u> <u>CHECK VALVE #2</u>	<u>RPBA</u>	<u>PVBA/SVBA</u>
Initial Test				
Passed <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Opened at _____ PSID	Air Inlet
Failed <input type="checkbox"/>	_____ PSID	_____ PSID	#1 Check _____ PSID	Opened at _____ PSID
			Air Gap OK _____	Did not Open <input type="checkbox"/>
New Parts and Repairs	Clean Replace Part	Clean Replace Part	Clean Replace Part	Check Valve
	<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> _____	Held at _____ PSID
	<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> _____	Leaked <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> _____	Cleaned <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> _____	Repaired <input type="checkbox"/>
Test After Repairs				
Passed <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Opened at _____ PSID	Air Inlet _____ PSID
Failed <input type="checkbox"/>	_____ PSID	_____ PSID	#1 Check _____ PSID	Check Valv _____ PSID

Air Gap Inspection: Supply Pipe Diameter: _____ " Separation: _____ " Pass Fail

Remarks: _____ Line Pressure _____ PSI

Tester Signature: _____ Cert. No.: _____ Date: _____

Tester Name Printed: _____ Testers Phone # () _____

Repaired By: _____ Date: _____

Final Test By: _____ Cert. No.: _____ Date: _____

Calibration Date: _____ Make/Model _____ Gauge # _____

I certify that this report is accurate, and I have used WAC 246-290-490 approved test methods and test equipment.
 TEST REPORTS MUST BE SUBMITTED IN ACCORDANCE WITH SEATTLE PUBLIC UTILITIES GUIDELINES.

STATE OF OHIO

Annual Test & Maintenance Report for Backflow Prevention Assemblies

(All applicable fields must be filled out completely in order for test results to be accepted)

Facility Name: _____ Address: _____

Contact Person: _____ Phone No. _____

Assembly Information

Make: _____

Model: _____

Size: _____

Serial Number: _____

Installation Information

Containment <input type="checkbox"/>	Isolation <input type="checkbox"/>	
Meter Pit <input type="checkbox"/>	Basement <input type="checkbox"/>	Floor Number: _____
Penthouse <input type="checkbox"/>	Boiler Room <input type="checkbox"/>	Room Number: _____
Mechanical Room <input type="checkbox"/>	Protection Provided <input type="checkbox"/>	_____

Double Check Valve Assembly

Initial Test	Outer Valve		Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
	1st Check Valve	_____ psid	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
Date _____	2nd Check Valve	_____ psid	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>

Reduced Pressure Assembly

1st Check Valve		_____ psid	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
Relief Valve Opening Point		_____ psid	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
2nd Check Valve			Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	

Pressure Vacuum Breaker

Air Inlet Valve		_____ psid	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
Check Valve		_____ psid	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>

Repairs & Materials Used	
-------------------------------------	--

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Double Check Valve Assembly

Re-Test After Repairs	Outer Valve		Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
	1st Check Valve	_____ psid	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
Date _____	2nd Check Valve	_____ psid	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>

Reduced Pressure Assembly

1st Check Valve		_____ psid	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
Relief Valve Opening Point		_____ psid	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
2nd Check Valve			Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	

Pressure Vacuum Breaker

Air Inlet Valve		_____ psid	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
Check Valve		_____ psid	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>

TESTER CERTIFICATION

I certify that the above data is correct and that the backflow prevention device is in proper working condition.

Tester Name (Printed) _____ Signature _____ Phone No. _____
 Company Name _____ OH Cert. No. _____ Contractor No. _____ Date _____

FACILITY CERTIFICATION

I hereby certify that the above backflow prevention device has been in constant use at this location during the entire prescribed interval between test periods and during that period this device was not bypassed, made inoperative or removed without proper authorization. I further certify that I have the authority and responsibility to ensure the above.

Owner/Officer (Printed) _____ Signature _____ Phone No. _____
 Title _____ Date _____

Return Original To:

Email: _____
 Phone: (206) 555-1213
 Fax: (206) 555-2121

All applicable fields must be filled out completely in order for test results to be accepted



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Return reports to:

City of Snoqualamish
1345 Washougal Blv.
Snoqualamish, WA
98215

FAX: (206) 555-2121

Assembly ID _____ Schedule Code _____ Authorized Tester: _____

Facility Name _____ Commercial: Residential:

Mailing Address _____

Service Address _____ City: _____ Zip: _____

Contact Name _____ Phone: _____ FAX: _____

Equip Location _____

Hazard Type _____ DCVA RPBA PVBA AG Other _____

New Install Existing Replacement Old SN# _____ Proper Installation? Yes No

Make of Assembly: _____ Model: _____ Serial Number _____ Size: _____

	<u>DCVA / RPBA</u> <u>CHECK VALVE #1</u>	<u>DCVA / RPBA</u> <u>CHECK VALVE #2</u>	<u>RPBA</u>	<u>PVBA/SVBA</u>
Initial Test				
Passed <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Opened at _____ PSID	Air Inlet
Failed <input type="checkbox"/>	_____ PSID	_____ PSID	#1 Check _____ PSID	Opened at _____ PSID
			Air Gap OK _____	Did not Open <input type="checkbox"/>
New Parts and Repairs	Clean Replace Part	Clean Replace Part	Clean Replace Part	Check Valve
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	Held at _____ PSID
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	Leaked <input type="checkbox"/>
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	Cleaned <input type="checkbox"/>
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	Repaired <input type="checkbox"/>
Test After Repairs				
Passed <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Opened at _____ PSID	Air Inlet _____ PSID
Failed <input type="checkbox"/>	_____ PSID	_____ PSID	#1 Check _____ PSID	Check Valve _____ PSID

Air Gap Inspection: Supply Pipe Diameter: _____ " Separation: _____ " Pass Fail

Remarks: _____ Line Pressure _____ PSI

Tester Signature: _____ Cert. No.: _____ Date: _____

Tester Name Printed: _____ Testers Phone # () _____

Repaired By: _____ Date: _____

Final Test By: _____ Cert. No.: _____ Date: _____

Calibration Date: _____ Make/Model: _____ Gauge # _____

