



Backflow Prevention Assembly Test Report

Existing
New

Owner of Assembly _____

Street Address _____

Location of Assembly _____

What the Assembly Serves _____

Assembly _____

Manufacturer (make) *Model* *Serial #* *Size*

Type of Assembly: RPBA DCVA PVBA RPDA DCDA AG

Line Pressure at Time of Test: _____ psi

Testing Equipment: DIFF DUP ST

Pressure Drop Across Valve No. 1: _____ psi

Initial Test Date _____ Company Name _____

Repair Date _____ Certificate # of Tester _____

Final Test Date _____ Name of Tester _____

	Check Valve No. 2	Check Valve No. 2	Differential Pressure Relief Valve
Initial Test	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed tight	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed tight	<input type="checkbox"/> Opened at _____ lbs reduced pressure <input type="checkbox"/> Did not open
Repairs	<input type="checkbox"/> Cleaned	<input type="checkbox"/> Cleaned	Cleaned
	Replaced <input type="checkbox"/> <i>Disc</i> <input type="checkbox"/> <i>Spring</i> <input type="checkbox"/> <i>Guide</i> <input type="checkbox"/> <i>Pin Retainer</i> <input type="checkbox"/> <i>Hinge Pin</i> <input type="checkbox"/> <i>Seat</i> <input type="checkbox"/> <i>Diaphragm</i> <input type="checkbox"/> <i>Other</i> _____	Replaced <input type="checkbox"/> <i>Disc</i> <input type="checkbox"/> <i>Spring</i> <input type="checkbox"/> <i>Guide</i> <input type="checkbox"/> <i>Pin Retainer</i> <input type="checkbox"/> <i>Hinge Pin</i> <input type="checkbox"/> <i>Seat</i> <input type="checkbox"/> <i>Diaphragm</i> <input type="checkbox"/> <i>Other</i> _____	Replaced <input type="checkbox"/> <i>Disc</i> <input type="checkbox"/> <i>Spring</i> <input type="checkbox"/> <i>Guide</i> <input type="checkbox"/> <i>Pin Retainer</i> <input type="checkbox"/> <i>Hinge Pin</i> <input type="checkbox"/> <i>Seat</i> <input type="checkbox"/> <i>Diaphragm</i> <input type="checkbox"/> <i>Other</i> _____
FINAL TEST	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Opened at _____ lbs reduced pressure

Initial Test Date _____ Company Name _____

Repair Date _____ Certificate # of Tester _____

Final Test Date _____ Name of Tester _____

I certify that I have tested the above device and that it meets the performance requirements outlined in the AWWA (Pacific Northwest Section) Cross Connection Control Standards.

Signature of Tester

Date

File: 11-5600-14
Updated 2020-02-26