

**FIRGROVE MUTUAL WATER COMPANY**

10408 144<sup>th</sup> St. E.

Puyallup, WA 98374

Phone: 253.845.1542 Fax: 253.845.4728

**BACKFLOW PREVENTION ASSEMBLY**

**INSPECTION / TEST REPORT**

Service Address

*Last Test:*  
*Last Test Completed By:*  
*Prem/In:*  
*Subdivision:*  
*Test Due:*

Mailing Address

*Hazard:*  
*Type:*  
*Location:*  
*Serial:*  
*Manufacturer:*  
*Model:*  
*Size:*

INITIAL TEST	<u>DCVA / RPBA / DCDA / RPDA</u> CHECK VALVE #1	<u>DCVA / RPBA / DCDA / RPDA</u> CHECK VALVE # 2	<u>RPBA / RPDA</u> RELIEF VALVE	<u>PVBA/SVBA</u> AIR INLET
PASSED <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/> _____ PSID	CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED _____ PSID	OPENED _____ PSID
FAILED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	FAILED TO OPEN <input type="checkbox"/>	FAILED TO OPEN <input type="checkbox"/>
NEW PARTS AND REPAIRS	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART _____	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART _____	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART _____	CHECK
	<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"/> REPAIRED <input type="checkbox"/>
AFTER REPAIRS	CLOSED TIGHT <input type="checkbox"/> _____ PSID	CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED _____ PSID	AIR INLET _____ PSID
PASSED <input type="checkbox"/>	_____ PSID	_____ PSID	FAILED TO OPEN <input type="checkbox"/>	CHK VALVE _____ PSID
FAILED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>		

DCVA  SVBA  New Install (You Installed)   
 RPBA  AG  Existing   
 DCDA  AVB  Replacement  Old Serial # \_\_\_\_\_  
 RPDA  PVBA

Confined Space? Yes  No   
 Service Restored? Yes  No   
 Minimum Airgap Present? Yes  No   
 Proper Installation? Yes  No

Line Pressure \_\_\_\_\_ psi      Detector Reading \_\_\_\_\_

Remarks (Repair/Replacement Schedule, Installation Corrections Needed, Recommendations, Etc.) \_\_\_\_\_

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

Inspector/Tester's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Inspector/Tester's Signature \_\_\_\_\_ Cert # \_\_\_\_\_ Date \_\_\_\_\_

Tester After Repairs Name \_\_\_\_\_ Phone # \_\_\_\_\_

Tester After Repairs Signature \_\_\_\_\_ Cert# \_\_\_\_\_ Date \_\_\_\_\_

Gauge Serial # \_\_\_\_\_