

**Dalton Water Association**

6360 North 4<sup>th</sup> Street, Dalton Gardens, ID 83815

Phone: (208) 772-5639 FAX: (208) 772-4568

Email: officemanager@daltonwaterassociation.com

**BACKFLOW PREVENTION ASSEMBLY TEST REPORT**

Customer/Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Location of Assembly: \_\_\_\_\_

Cross Connection Controlled: \_\_\_\_\_

Assembly Size (inches): \_\_\_\_\_ Type: \_\_\_\_\_ Make \_\_\_\_\_

Model: \_\_\_\_\_ Serial Number: \_\_\_\_\_ Line Pressure (psi): \_\_\_\_\_

RPBA/RPDA/DCVA/DCDA Horizontal? Yes  No

New Installation? Yes  No

Old Serial Number: \_\_\_\_\_

	Check Valve #1	Check Valve #2	Relief Valve	PVB	Shut Off Valves
<b>Initial Test</b>	<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	<input type="checkbox"/> #1 <input type="checkbox"/> #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"/> Did Not Open	<input type="checkbox"/> Check Held at _____ PSID	Leaked <input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> Leaked	
<b>R E P A I R</b>	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	CLEANED <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REPLACED	REPLACED <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Air Inlet Disc	REPAIR <input type="checkbox"/> <input type="checkbox"/>
	<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"/> _____				Other <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> _____				
Other/Notes: _____					
<b>Final Test</b>	<input type="checkbox"/> _____ PSID	<input type="checkbox"/> _____ PSID	<input type="checkbox"/> Opened at _____ PSID	Air Inlet _____ PSID	
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight		OK Valve _____ PSID	Closed Tight <input type="checkbox"/> <input type="checkbox"/>

Tester's Name: (please print) \_\_\_\_\_  
 Certification Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 Company Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Test Equipment Make & Model: \_\_\_\_\_ Serial #: \_\_\_\_\_  
 Calibration Date: \_\_\_\_\_ Facility: \_\_\_\_\_

**Signature below certifies that the above test results accurately reflect the performance of the assembly and verifies that the shut off valves have returned to pretest position.**

<b>TEST RESULTS:</b>	_____	_____
	PASSED	FAILED

Signature of Tester \_\_\_\_\_

Date \_\_\_\_\_