

Dalton Water Association

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BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Customer Name: _____ Date: _____

Street Address: _____

Type of Hazard Isolated: _____

Location of Assembly: _____

RPBA RPDA DCVA DCDA PVB SVB Size: _____ Line Pressure(PSI): _____

Make: _____ Model: _____ Serial Number: _____

Installation: Horizontal Vertical VU VD Other: _____

New Yes No Replaces Serial #: _____

INITIAL TEST	Check valve #1	Check valve #2	Relief valve	PVB/SVB	Shut off Valves	
	<input type="checkbox"/> Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<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"/> <input type="checkbox"/>
REPAIR	<input type="checkbox"/> CLEANED <input type="checkbox"/> <u>REPLACED:</u> <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"/> <u>REPLACED:</u> <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"/> <u>REPLACED:</u> <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"/> <u>REPLACED:</u> <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 OTHER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	NOTES:					
FINAL TEST	_____ PSID <input type="checkbox"/> Closed Tight	_____ PSID <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Opened at _____ PSID	Air Inlet _____ PSID CK Valve _____ PSID	Closed Tight	Valves #1 #2 <input type="checkbox"/> <input type="checkbox"/>
TESTER INFORMATION	Certification #	State & Expiration Date	Test Equip Make/Model	Serial #	Calibration Date & Facility	
	Company Name & Address			Phone & Fax	Email	
	NAME OF INITIAL TESTER -- REPAIRD BY -- FINAL TESTER: _____					
	Please print clearly.					
	TEST RESULTS <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED					

"THE ABOVE REPORT IS CERTIFIED TO BE TRUE."

SIGNATURE

DATE