



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

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

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

Type of Hazard Controlled: \_\_\_\_\_

Assembly info- Make: \_\_\_\_\_ Model #: \_\_\_\_\_ Serial #: \_\_\_\_\_

(circle) **RPBA RPDA DCVA DCDA PVB SVB** Size (In): \_\_\_\_\_ Line Pressure (PSI): \_\_\_\_\_

Installation: Horizontal: Y N Vertical: VU VD Other: \_\_\_\_\_  
(circle) New: Y N Replaces Serial #: \_\_\_\_\_

Initial Test	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut Off Valves	
					#1	#2
<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"/> Opened Fully <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Air Inlet opened at _____ PSID <input type="checkbox"/> Opened Fully <input type="checkbox"/> Did Not Open <input type="checkbox"/> Check held at _____ PSID <input type="checkbox"/> Leaked	Closed Tight  Leaked	<input type="checkbox"/>	<input type="checkbox"/>
<b>REPAIR DATE:</b> <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"/> 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"/> Guide <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"/> Poppet / Float <input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Check Disc <input type="checkbox"/> Check Spring <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Guide <input type="checkbox"/> _____	CLEANED  REPLACED	<input type="checkbox"/>	<input type="checkbox"/>
<b>NOTES:</b> _____						
<b>Final Test</b> <input type="checkbox"/> Closed Tight <input type="checkbox"/> _____ PSID	<input type="checkbox"/> Closed Tight <input type="checkbox"/> _____ PSID	<input type="checkbox"/> Opened At <input type="checkbox"/> _____ PSID	Air Inlet _____ PSID CK Valve _____ PSID	Shut Off Valves Closed Tight	#1 <input type="checkbox"/>	#2 <input type="checkbox"/>

NOTE: Purveyor must be notified within two(2) business days of any backflow prevention assembly left in a failed (non-passing) condition.

Tester's Name (please print): \_\_\_\_\_ ID BAT License #: \_\_\_\_\_

Company Name: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Fax#: \_\_\_\_\_

Test Equipment Make & Model: \_\_\_\_\_ Serial #: \_\_\_\_\_

Calibrated By: \_\_\_\_\_ Calibration Date: \_\_\_\_\_

I certify the assembly was tested in accordance with USC FCCCHR 10th edition test procedures.

**Test Results:** Passed  Failed  **Assembly as Left:** Service Restored  BAT Tag Attached

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

**Copy of Report to:** Customer/Owner  Water Purveyor  Licensed Tester

Water Purveyor: **City of Coeur d' Alene Water Department**