

**NAME OF BUSINESS OR PROPERTY OWNER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ASSEMBLY LOCATION:** \_\_\_\_\_

**DOWNSTREAM HAZARD:** \_\_\_\_\_ **TYPE:** DCVA  RPBA  PVBA/SVBA  DCDA

**NEW INSTALL**  **EXISTING**  **REMOVED**  **REPLACEMENT**  **OLD SERIAL #** \_\_\_\_\_

**MAKE OF ASSEMBLY:** \_\_\_\_\_ **MODEL:** \_\_\_\_\_ **SIZE:** \_\_\_\_\_ **SERIAL #:** \_\_\_\_\_

**WA STATE APPROVED ASSEMBLY?** YES  NO  **PROPER INSTALLATION?** YES  NO

**REMARKS:** \_\_\_\_\_

	<u>DCVA</u>	<u>RPBA</u>	<u>PVBA/SVBA</u>
<b>INITIAL TEST</b>  PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	<u>Check Valve #1</u> Leaked <input type="checkbox"/> _____ Psid  <u>Check Valve #2</u> Leaked <input type="checkbox"/> _____ Psid	<u>Relief Valve</u> Opened at _____ Psid Did not Open <input type="checkbox"/>  <u>Check Valve #1</u> _____ Psid Leaked <input type="checkbox"/>  <u>Check Valve #2</u> Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>  ----- <u>Approved Air Gap</u> Yes _____ No _____ Supply pipe measurement _____ Air gap measurement _____	<u>Air Inlet Valve</u> Opened at _____ Psid  <u>Opened Fully</u> Yes <input type="checkbox"/> No <input type="checkbox"/>  Did not Open <input type="checkbox"/>  <u>Check Valve</u> Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>  _____ Psid
<b>PARTS AND REPAIRS</b>	CLEAN    REPLACE    PART <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	CLEAN    REPLACE    PART <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	CLEAN    REPLACE    PART <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____
<b>FINAL TEST</b>  PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	<u>Check Valve #1</u> Leaked <input type="checkbox"/> _____ Psid  <u>Check Valve #2</u> Leaked <input type="checkbox"/> _____ Psid	<u>Relief Valve</u> Opened at _____ Psid Did not Open <input type="checkbox"/>  <u>Check Valve #1</u> _____ Psid Leaked <input type="checkbox"/>  <u>Check Valve #2</u> Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	<u>Air Inlet Valve</u> Opened at _____ Psid  <u>Opened Fully</u> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not Open <input type="checkbox"/>  <u>Check Valve</u> Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>  _____ Psid

**Meter Reading** \_\_\_\_\_ **Meter Number** \_\_\_\_\_ **LINE PRESSURE** \_\_\_\_\_ **PSI**

*I certify that I personally performed the field test using department approved test procedures and this form is true, complete and accurate.*

	Date	Printed Name	Signature	BAT #	Phone #
Initial Test					
Repairs					
Final Test					
Company					

**Gauge #** \_\_\_\_\_ **Model** \_\_\_\_\_ **Calibration Date** \_\_\_ / \_\_\_ / \_\_\_ **Service Restored?** Yes  No