



Public Works Department - Water Division

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BACKFLOW PREVENTION ASSEMBLY TEST REPORT

NAME OF FACILITY: _____ PERMIT #: CCC

SERVICE ADDRESS: _____

FACILITY TYPE: () COMMERCIAL () FIRE SYSTEM () RESIDENTIAL () RESTAURANT () OTHER

BFP LOCATION: _____

ASSEMBLY TYPE: _____ LINE PRESSURE/PSI: _____ LINE SIZE: _____ DEV. SIZE _____

BRAND: _____ MODEL: _____ SERIAL #: _____

INITIAL TEST RESULTS		TEST AFTER REPAIR OR CLEANING	
RPBA			
Line Pressure (psid): _____	Line Pressure (psid): _____	Line Pressure (psid): _____	Line Pressure (psid): _____
No. 1 Check Valve (psid): _____	No. 1 Check Valve (psid): _____	No. 1 Check Valve (psid): _____	No. 1 Check Valve (psid): _____
Relief Valve Opened (psid): _____	Relief Valve Opened (psid): _____	Relief Valve Opened (psid): _____	Relief Valve Opened (psid): _____
No. 1 Check Valve: Closed Tight / Leaked	No. 1 Check Valve: Closed Tight / Leaked	No. 1 Check Valve: Closed Tight / Leaked	No. 1 Check Valve: Closed Tight / Leaked
No. 2 Check Valve: Closed Tight / Leaked	No. 2 Check Valve: Closed Tight / Leaked	No. 2 Check Valve: Closed Tight / Leaked	No. 2 Check Valve: Closed Tight / Leaked
Minimum A/G present: YES / NO	Minimum A/G present: YES / NO	Minimum A/G present: YES / NO	Minimum A/G present: YES / NO
Passed Test: YES / NO	Passed Test: YES / NO	Passed Test: YES / NO	Passed Test: YES / NO
DCVA			
Line Pressure (psid): _____	Line Pressure (psid): _____	Line Pressure (psid): _____	Line Pressure (psid): _____
No. 1 Check Valve Differential: _____	No. 1 Check Valve Differential: _____	No. 1 Check Valve Differential: _____	No. 1 Check Valve Differential: _____
No 2. check Valve Differential: _____	No 2. check Valve Differential: _____	No 2. check Valve Differential: _____	No 2. check Valve Differential: _____
Passed Test: YES / NO	Passed Test: YES / NO	Passed Test: YES / NO	Passed Test: YES / NO
PVBA/SVBA			
Line Pressure (psid): _____	Line Pressure (psid): _____	Line Pressure (psid): _____	Line Pressure (psid): _____
Air Inlet Opened (psid): _____	Air Inlet Opened (psid): _____	Air Inlet Opened (psid): _____	Air Inlet Opened (psid): _____
Opened Completely: YES / NO / FAILED TO OPEN	Opened Completely: YES / NO / FAILED TO OPEN	Opened Completely: YES / NO / FAILED TO OPEN	Opened Completely: YES / NO / FAILED TO OPEN
Check Valve: LEAKED: YES / NO	Check Valve: LEAKED: YES / NO	Check Valve: LEAKED: YES / NO	Check Valve: LEAKED: YES / NO
Passed Test: YES / NO	Passed Test: YES / NO	Passed Test: YES / NO	Passed Test: YES / NO
AG			
Minimum Separation: YES / NO	PLEASE RECORD REPAIR, INSPECTION, AND CLEANING INFORMATION IN SECTION BELOW. IF BACKFLOW VALVE WAS REPLACED, RECORD OLD MODEL & SERIAL #.		

IS THIS A PROPER INSTALLATION?: YES / NO WA STATE APPROVED ASSEMBLY?: YES / NO

REMARKS: _____

TEST EQUIPMENT: MAKE: _____ MODEL: _____ SERIAL #: _____

THE ABOVE IS CERTIFIED TO BE TRUE

CERTIFIED BY: _____
Certified Testers' Typed or Printed Name

INITIAL TEST BY: _____ SIGNATURE _____ CERT. NO. _____ DATE: _____

REPAIRED BY: _____ SIGNATURE _____ CERT. NO. _____ DATE: _____

FINAL TEST BY: _____ SIGNATURE _____ CERT. NO. _____ DATE: _____

WATER SERVICE RESTORED? YES / NO