

CITY OF YAKIMA

Backflow Prevention Assembly

TEST REPORT

Return To
 City Of Yakima
 Water Division
 2301 Fruitvale Blvd.
 Yakima, Wa 98902
 Phone 575-6154 • Fax: 575-

Name / Company: _____

Service Address: _____

Assembly Location: _____

Backflow Protection For: _____ Type of Assembly _____

Manufacturer: _____ Model: _____ Size: _____ Serial No. _____

	INITIAL TEST RESULTS	RESULTS AFTER REPAIR OR CLEANING
R P B A	Supply Pressure _____ Relief Valve Opened _____ PSID No. 2 Check Valve Differential: Closed Tight _____ <input type="checkbox"/> Leaked _____ <input type="checkbox"/> No. 1 Check Valve Differential: Closed Tight _____ <input type="checkbox"/> Leaked _____ <input type="checkbox"/> Static Pressure Drop Across Check Valve #1 _____ PSID Passed Test: Yes ____ No ____	Supply Pressure _____ Relief Valve Opened _____ PSID No. 2 Check Valve Differential: Closed Tight _____ <input type="checkbox"/> Leaked _____ <input type="checkbox"/> No. 1 Check Valve Differential: Closed Tight _____ <input type="checkbox"/> Leaked _____ <input type="checkbox"/> Static Pressure Drop Across Check Valve #1 _____ PSID Passed Test: Yes ____ No ____
D C V A	Supply Pressure _____ No. 1 Check Valve Differential: _____ PSID Leaked _____ <input type="checkbox"/> No. 2 Check Valve Differential _____ PSID Leaked _____ <input type="checkbox"/> Passed Test: Yes ____ No ____	Supply Pressure _____ No. 1 Check Valve Differential: _____ PSID Leaked _____ <input type="checkbox"/> No. 2 Check Valve Differential _____ PSID Leaked _____ <input type="checkbox"/> Passed Test: Yes ____ No ____
P V B A S V B A	Supply Pressure _____ Air Inlet: Failed to open _____ <input type="checkbox"/> Opened _____ PSID Continued to open fully: Yes ____ No ____ Check Valve Differential _____ Leaked _____ <input type="checkbox"/> Passed Test: Yes ____ No ____	Supply Pressure _____ Air Inlet: Failed to open _____ <input type="checkbox"/> Opened _____ PSID Continued to open fully: Yes ____ No ____ Check Valve Differential _____ Leaked _____ <input type="checkbox"/> Passed Test: Yes ____ No ____

Test Equipment Manufacturer: _____ Model: _____ Serial Number: _____

Remarks: _____

Initial Test By: _____ Wa. Cert. No. _____ Date: _____

Test After Repair By: _____ Wa. Cert. No. _____ Date: _____

Signature: _____ Company: _____

I certify the above report to be true

Printed Name: _____ Telephone No. _____