CITY OF DAVENPORT
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DAVENPORT, WA 99122
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Backflow Prevention Assembly Test Report

Mailing Address

Size:
Status:
Device:

Account #:
Test Due:
Meter #:
Service Address
Address:
Company:
Hazard:
Location:

Reduced Pressure Principle Assembly

Double Check Valve Assembly

RP ☐ DCDA ☐
DC ☐ RPDA ☐
PVB ☐ Air Gap ☐
SVB ☐ AVB ☐

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
Initial Test	Leaked ☐ Closed Tight ☐ Held at_____PSID	Leaked ☐ Closed Tight ☐ Held at_____PSID	Did not Open ☐ Opened at_____PSID	**AIR INLET** Did not Open ☐ Opened at_____PSID
Repairs **Details**	Cleaned ☐ Replaced ☐	Cleaned ☐ Replaced ☐	Cleaned ☐ Replaced ☐	**CHECK VALVE** Leaked ☐ Held at_____PSID Cleaned ☐ Replaced ☐
Final Test	Closed Tight ☐ Held at_____PSID	Closed Tight ☐ Held at_____PSID	Opened at_____PSID	**AIR INLET** Opened at_____PSID **CHECK VALVE** Held at_____PSID

Comments

Line Pressure _____
Meter Reading _____
Held Backpressure _____
#2 Shutoff _____
Relief Valve Exercised _____

The above report is certified to be true.

	Date/Time	Tester	Signature	Tester #	Test Kit	Passed	Failed
Initial Test						☐	☐
Repairs						☐	☐
Final Test						☐	☐