



Name of Premises			Account Number	ID
Service Address			Passed Annual Test Yes No	
Location of Assembly			Downstream Process Fire System Irrigation Domestic	
Manufacturer		Model	Size	Serial Number
Type of Assembly RPBA DCVA PVB SVBA		Line Pressure at Time of Test _____ PSI		Proper Installation? Yes No
<b>Initial Test</b>	<b>Check Valve No. 1</b>	<b>Check Valve No. 2</b>	<b>Differential Pressure Relief Valve</b>	<b>Pressure Vacuum Breaker</b>
<b>Pass/Fail</b>	Held at _____ PSID Leaked Closed Tight	Held at _____ PSID Leaked Closed Tight	Opened at _____ PSID Did Not Open Air Gap OK? Yes No	Air Inlet Opened at _____ PSID Air Inlet Valve Fully Open: Yes No
<b>Repairs</b>	Cleaned <b>Replaced</b> Disc Spring Guide Pin Retainer Hinge Pin Seat Diaphragm Other, Describe	Cleaned <b>Replaced</b> Disc Spring Guide Pin Retainer Hinge Pin Seat Diaphragm Other, Describe	Cleaned <b>Replaced</b> Disc, Upper Disc, Lower Spring Diaphragm, Large Upper Lower Diaphragm, Small Upper Lower Spacer, Lower Other, Describe	Check Valve Held at _____ Press. Leaked  Cleaned <b>Replaced</b> Air Inlet Disc Check Disc Air Inlet Spring Check Spring Other, Describe
	Held at _____ PSID Closed Tight	Leaked RPBA/Closed Tight DCVA Held at _____ PSID	Opened at _____ PSID	Air Inlet Opened at _____ PSID Air Inlet Valve Fully Open: Yes No Check Valve Held at _____ PSID
<b>Final Test</b>				
Remarks				
Calibration Date _____ SN # _____ Model _____ Service Restored? Yes No <i>I certify that this report is accurate, and I have used WAC 246-290-490 approved test methods and test equipment.</i>				
Initial Test Performed By		Tester Phone #	Certificate Number	Date
Repaired By				Date
Final Test Performed By		Tester Phone #	Certificate Number	Date