



City of Bellingham
2221 Pacific St
Bellingham WA 98229
Backflow@cob.org

New
Existing
Replacement

NAME/COMPANY: _____ Contact Person _____
SERVICE ADDRESS: _____ Phone Number _____
LOCATION OF ASSEMBLY: _____
CROSS CONNECTION FOR: _____
ASSEMBLY INFORMATION: _____

MAKE MODEL SIZE TYPE SERIAL NUMBER

	INITIAL TEST RESULTS	TEST AFTER REPAIR OR CLEANING
RPBA	Line Pressure _____ psi Pressure Drop Across No. 1 Check Valve (A) _____ psid Relief Valve Opened (B) _____ psid No. 1 Check: Closed tight ... Leaked No. 2 Check: Closed tight ... Leaked Minimum AG Separation Yes ____ No ____ Passed Test Yes ____ No ____	Pressure Drop Across No. 1 Check Valve (A) _____ psid Relief Valve Opened (B) _____ psid No. 1 Check: Closed tight Leaked No. 2 Check: Closed tight Leaked Minimum AG Separation Yes ____ No ____ Pass Test Yes ____ No ____
DCVA	Line Pressure _____ psi No. 1 Check: Closed tight ... _____ psid Leaked _____ psid No. 2 Check: Closed tight ... _____ psid Leaked _____ psid Passed Test Yes ____ No ____	No. 1 Check: Closed tight _____ psid Leaked _____ psid No. 2 Check: Closed tight _____ psid Leaked _____ psid Passed Test Yes ____ No ____
PVB	Line Pressure _____ psi Air Inlet: Opened _____ psid Failed to open Check Valve: _____ psid Leaked Passed Test Yes ____ No ____	Air Inlet: Opened _____ psid Failed to open... Check Valve: _____ psid Leaked Passed Test Yes ____ No ____
AG	Minimum Separation Yes ____ No ____ Diameter _____	PLEASE RECORD REPAIR OR CLEANING INFORMATION IN "REMARKS" SECTION BELOW

Assembly Tested: Satisfactorily ____ Failed ____
IS THIS A PROPER INSTALLATION? Yes ____ No ____
Water Service Found: On ____ Off ____
Water Service Left: On ____ Off ____

REMARKS:

Test Equipment: Make _____ Model _____ Serial # _____ Accuracy Verification Date _____

I CERTIFY THE ABOVE REPORT TO BE TRUE:

_____ Test Procedure Used _____

Certified Testers Typed or Printed Name _____ Phone No _____

Initial Test By: _____ Cert No. _____ Date _____

Signature

Repaired By: _____ Cert No. _____ Date _____

Signature

Repair Test By: _____ Cert No. _____ Date _____

Signature