



City of Bellingham  
 2221 Pacific St  
 Bellingham WA 98229  
[Backflow@cob.org](mailto: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
<b>RPBA</b>	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 ___
<b>DCVA</b>	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 ___
<b>PVB</b>	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 ___
<b>AG</b>	Minimum Separation Yes ___ No ___ Diameter _____	<b>PLEASE RECORD REPAIR OR CLEANING            INFORMATION IN "REMARKS" SECTION BELOW</b>

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