



Do not submit this form as your test report. You must use the WSSC Water e-services portal found here:
<https://my.wsscwater.com/selfcare/views/public/login/login.faces>

BACKFLOW PREVENTION ASSEMBLY TEST REPORT (for field use only)

INSTALL/TESTER ID: _____ PERMIT # _____ ACCOUNT #: _____
 (Acc # now required)
 NAME OF PREMISES: _____ Commercial Residential
 SERVICE ADDRESS: _____ CITY: _____ ZIP: _____
 CONTACT PERSON: _____ PHONE: _____ COUNTY: MC PG
 LOCATION OF ASSEMBLY: _____
 DOWNSTREAM PROCESS: _____ ASSE# _____ DCVA RPZA PVBA OTHER: _____
 NEW INSTALLATION EXISTING REPLACEMENT OLD ASSEMBLY SERIAL NUMBER: _____
 MAKE OF ASSEMBLY: _____ MODEL: _____ SERIAL NO.: _____ SIZE: _____

INITIAL TEST	DCVA/RPZA CHECK VALVE NO.1	DCVA/RPZA CHECK VALVE NO.2	RPZA	PVBA AIR INLET																																													
PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID AIR GAP OK? _____	OPENED AT _____ PSID NOT OPEN <input type="checkbox"/>																																													
NEW PARTS REPAIRS	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">CLEAN</td> <td style="border: none;">REPLACE</td> <td style="border: none;">PART</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"></td> </tr> </table>	CLEAN	REPLACE	PART	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<table style="width: 100%; border: none;"> <tr> <td style="border: none;">CLEAN</td> <td style="border: none;">REPLACE</td> <td style="border: none;">PART</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"></td> </tr> </table>	CLEAN	REPLACE	PART	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<table style="width: 100%; border: none;"> <tr> <td style="border: none;">CLEAN</td> <td style="border: none;">REPLACE</td> <td style="border: none;">PART</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"></td> </tr> </table>	CLEAN	REPLACE	PART	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		CHECK VALVE HELD AT _____ PSID LEAKED <input type="checkbox"/> _____ CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/>
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FINAL TEST PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/> _____ PSID	CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID	AIR INLET _____ PSID CHK VALVE _____ PSID																																													

AIR GAP INSPECTION: Required minimum air gap separation provided? Yes No Detector Meter Reading _____

REMARKS: _____

PRINCIPAL MASTER PLBR. WSSC LIC. # _____ LINE PRESSURE _____

TESTER'S SIGNATURE _____ WSSC LIC. NO. _____ DATE _____

TESTER'S NAME PRINTED _____ TESTERS PHONE # _____

REPAIRED BY _____ WSSC LIC. NO. _____ DATE _____

FINAL TEST BY _____ WSSC LIC. NO. _____ DATE _____

GAUGE CALIBRATION DATE ____/____/____ WATER SERVICE RESTORED YES NO