



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 # not 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	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> 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"/> <input type="checkbox"/> <input type="checkbox"/>	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> 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"/> <input type="checkbox"/> <input type="checkbox"/>	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> 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"/> <input type="checkbox"/> <input type="checkbox"/>	CHECK VALVE HELD AT _____ PSID LEAKED <input type="checkbox"/> _____ CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/>
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