

# City of Leavenworth

Please return Report to:

700 Highway 2 / Post Office Box 287  
 Leavenworth, Washington 98826  
 (509) 548-5275 / Fax: (509) 548-6429  
 tvalentine@cityofleavenworth.com



Account Number: \_\_\_\_\_ Name of Premise: \_\_\_\_\_

Service Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Location of Assembly: \_\_\_\_\_

Downstream Process: \_\_\_\_\_ DCVA  RPBA  PVBA  DCDA  Other

New Install (Call or email COL Water Plant)  Existing  Replacement (Call or email COL Water Plant)

MFG of Assembly: \_\_\_\_\_ Model: \_\_\_\_\_ Size: \_\_\_\_\_ Serial #: \_\_\_\_\_

Washington State Approved Assembly? Yes  No  Meets COL Installation Requirements? Yes  No

Remarks: \_\_\_\_\_

	<u>DCVA</u>	<u>RPBA</u>	<u>PVBA/SVBA</u>
<b>Initial Test</b>  Passed <input type="checkbox"/>  Failed <input type="checkbox"/>	<u>Check Valve No. 1</u> Leaked <input type="checkbox"/> _____ PSID  <u>Check Valve No. 2</u> Leaked <input type="checkbox"/> _____ PSID	<u>Relief Valve</u> Opened At _____ PSID Did Not Open <input type="checkbox"/>  <u>Check Valve No. 1</u> _____ PSID Leaked <input type="checkbox"/>  <u>Check Valve No. 2</u> Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>  <u>Air Gap</u> Approved Air Gap Yes <input type="checkbox"/> No <input type="checkbox"/> Measurement Supply Pipe _____ Measurement Air Gap _____	<u>Air Inlet Valve</u> Opened At _____ PSID  Opened Fully Yes <input type="checkbox"/> No <input type="checkbox"/>  <u>Check Valve</u> Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____ PSID
<b>Parts and Repairs</b>	Clean <input type="checkbox"/> Replace <input type="checkbox"/> Part _____ _____ _____	Clean <input type="checkbox"/> Replace <input type="checkbox"/> Part _____ _____ _____	Clean <input type="checkbox"/> Replace <input type="checkbox"/> Part _____ _____ _____
<b>Test After Repairs</b>  Passed <input type="checkbox"/>  Failed <input type="checkbox"/>	<u>Check Valve No. 1</u> Leaked <input type="checkbox"/> _____ PSID  <u>Check Valve No. 2</u> Leaked <input type="checkbox"/> _____ PSID	<u>Relief Valve</u> Opened At _____ PSID Did Not Open <input type="checkbox"/> <u>Check Valve No. 1</u> _____ PSID <u>Check Valve No. 2</u> Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	<u>Air Inlet Valve</u> Opened At _____ PSID  Opened Fully Yes <input type="checkbox"/> No <input type="checkbox"/>  <u>Check Valve</u> Closed Tight <input type="checkbox"/> _____ PSID

Meter Reading: \_\_\_\_\_ Meter Number \_\_\_\_\_ Line Pressure \_\_\_\_\_ PSI

Comments: \_\_\_\_\_

***I certify that I personally performed the field test using department approved test procedures and this form is true, complete and accurate.***

Testers Signature: \_\_\_\_\_ BAT #: \_\_\_\_\_ Company: \_\_\_\_\_ Date: \_\_\_\_\_

Testers Name Printed: \_\_\_\_\_ Testers Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Repaired By: \_\_\_\_\_ Date: \_\_\_\_\_

Final Test BY: \_\_\_\_\_ Date: \_\_\_\_\_

Calibration Date \_\_\_ / \_\_\_ / \_\_\_ Gauge #: \_\_\_\_\_ Model: \_\_\_\_\_ Service Restored? Yes  No

**Completing Test Report Forms**  
**City of Leavenworth designed test report form**

1. Account: Leave this field blank (For City of Leavenworth filing use)
2. Name of Premise: Company name or Owner/Renter at service address
3. Service Address: The address where the assembly is located (business address for assemblies in mobile cleaning vehicles)
4. Location of Assembly: The general location (i.e.: NW corner of lot, next to the meter, # of feet south of meter, North wall of room #, etc.)
5. Downstream Process: type of hazard this assembly is protecting (CO2 system, dishwasher, premise isolation, irrigation)
6. Check a box for the type of assembly: DCVA, RPBA, PVBA, etc.
7. If it is a Type II assembly then check the box for "Other" box and leave the detector or check valve information in the remarks and/or the comments section.
8. Installation: New, Existing, or Replacement (Contact City of Leavenworth if its new or replacement)
9. MFG is the Manufacture of the Assembly: Name of the assembly (Febco, Watts, Wilkins, etc.), Model number, Size of the assembly, Serial number on the assembly (includes any letters)
10. Washington State Approved Assembly? Check a box for Yes or No.
11. Meets City of Leavenworth (COL) Installation Requirements? Check a box for Yes or No.
12. Remarks: Report all repairs or replacements of the assembly modifications, conditions of the assembly, incorrect installation, etc.
13. Initial Test: The results of the initial test before any repairs.
14. Repairs: The repairs including, but not limited to; flushing, replacement of parts, exercising the relief valve, cleaning of check valve discs.
15. Final Test: The results after repairs.
16. Meter Reading and Meter Number if testing a Detector Assembly (Required)
17. Line Pressure: PSI of the line pressure.
18. Initial Test: Signature of the person performing the test.
19. Repairs: Information on person performing the repairs.
20. Final Test: Signature of person performing the final test.
21. Calibration Date, Gauge #, and Model of Test Kit being used.
22. Service Restored: The position the shutoff valves were left after completion of test.

\*Note: Test reports are legal records. Accuracy and Legibility is required.