

City of Leavenworth

Please return Report to:

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



Name of Premise: _____

Service Address: _____ City: _____ Zip: _____

Location of Assembly: _____

Downstream Process: _____ DCVA RPBA PVBA DCDA

New Install Existing (**Call or email COL Water Plant**) Replacement New Serial # _____

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>
Initial Test 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 <u>Opened Fully</u> Yes <input type="checkbox"/> No <input type="checkbox"/> <u>Check Valve</u> Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____ PSID
Parts and Repairs	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 _____ _____ _____
Test After Repairs 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 <u>Opened Fully</u> 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

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: N/A (For City of Leavenworth Filing use)
2. Name of Business or Property Owner: Companies name of service address
3. Service Address: The address where the assembly is located (buisness address for assemblies in mobile cleaning vehicles)
4. Phone: Landline or cell number
5. Assembly Location: The gernal location (i.e.: NW corner of lot, next to the meter, # of feet south of meter, North wall of room #, etc.)
6. Cross Connection hazard: The type of hazard this assembly is protecting. (CO2 system, dishwasher, premise isolation, irrigation)
7. Type of assembly: DCVA, RPBA, PVBA, etc.
8. Installation: New Existing, or if Replacement New Assembly Serial #
9. Make of Assembly: Name of the assembly (Febco, Watts, Wilkins, etc.), Model number, Size of the assembly, Serial number on the assembly (includes any letters), Check if on the Washington state approved list.
10. Washington State Approved Assembly?
11. Meets City of Leavenworth Installation Requirements?
12. Remarks: Report all repairs, note incorrect installation, replacement of the assembly modifications, coditions of the assembly, etc.
13. Initial Test: The results of the initial test before any repairs.
14. Repairs: The repairs including, but not limited to; flushing, replcaement 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.