

BACKFLOW PREVENTION ASSEMBLY TEST REPORT



PSFMechanical

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 HVAC Service | 206.812.2878 (24/7/365)
 Main Office | 206.764.9663

JOB #: 2412

ACCOUNT # _____ RETURN NO LATER THAN: _____
 NAME OF PREMISES Lakeview COMMERCIAL RESIDENTIAL
 SERVICE ADDRESS 6100 Carillon Point CITY Kirkland ZIP _____
 CONTACT PERSON _____ PHONE _____ FAX _____
 LOCATION OF ASSEMBLY In sprinkler-mechanical room in garage s.w. corner of bldg
 DOWNSTREAM PROCESS up DCVA RPBA PVBA OTHER _____
 NEW INSTALL EXISTING REPLACEMENT OLDER SER. # PROPER INSTALLATION? YES NO
 MAKE OF ASSEMBLY: Watts MODEL: LF 009 QT SERIAL NO.: 47610 SIZE: .5"

INITIAL TEST	DCVA / RPBA CHECK VALVE NO. 1	DCVA / RPBA CHECK VALVE NO. 2	RPBA	PVBA / SVBA AIR INLET
PASSED <input checked="" type="checkbox"/> FAILED <input type="checkbox"/>	<input type="checkbox"/> LEAKED _____ PSID	<input type="checkbox"/> LEAKED closed tight _____ PSID	OPENED AT <u>4.2</u> PSID #1 CHECK AT <u>8.4</u> PSID AIR GAP OK? _____	OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>
NEW PARTS AND REPAIRS	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"/> _____	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"/> _____	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"/>
TEST AFTER REPAIRS PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	LEAKED <input type="checkbox"/> _____ PSID	LEAKED <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK AT _____ PSID	AIR INLET _____ PSID CHECK VALVE _____ PSID

AIR GAP INSPECTION: Required minimum air gap separation provided? YES NO

DETECTOR METER READING _____

REMARKS: _____ LINE PRESSURE 60 PSI

CONFINED SPACE? no

TESTERS SIGNATURE: Clifford L. Angus CERT. NO. B 0255 DATE: 04/13/16

TESTERS NAME PRINTED: Clifford L. Angus TESTERS PHONE # 206-812-2878

REPAIRED BY: Clifford L. Angus DATE: _____

FINAL TEST BY: Clifford L. Angus CERT. NO. _____ DATE: _____

CALIBRATION DATE: 09/02/15 GAUGE # 12090588 MODEL: MW 830 SERVICE RESTORED? YES NO

I certify that this report is accurate and I have used WAC 246-290-490 approved test methods and test equipment.