City of Post Falls Water Division 2002 West Seltice Way, Post Falls, ID 83854
***tel* (208)777-9857 • *fax* (208)773-0549 •** Internet: **www.postfallsidaho.org** Email: **cdaniels@postfallsidaho.org**

Customer Name: _____ **Date:** _____ / _____ **2012**

Street Address: _____, **ID** _____
(assembly premises)

Location of Assembly: _____ **Hazard Isolated:** _____

Make: _____ **Model:** _____ **Serial Number:** _____ **Size:** _____

RPBA/RPDA DCVA/DCDA HORIZONTAL SET? Yes ____ **No** ____ **Line pressure:** _____ **PSI**

	Check valve #1	Check valve #2	Relief valve	PVB/SVB	Shut off Valves	#1	#2
Initial Test	☐ Held at _____ PSI ☐ Closed Tight ☐ Leaked	☐ Held at _____ PSI ☐ Closed Tight ☐ Leaked	☐ Opened at _____ PSI ☐ Opened Fully ☐ Did not open	☐ Air Inlet Opened at _____ PSI ☐ Opened Fully ☐ Did not open ☐ Check held at _____ PSI ☐ Leaked	Closed tight Leaked	☐	☐
REPAIR	☐ CLEANED ☐ REPLACED: ☐ Disc ☐ Spring ☐ Guide ☐ Seat ☐ Hinge Pin ☐ Module ☐ _____	☐ CLEANED ☐ REPLACED: ☐ Disc ☐ Spring ☐ Guide ☐ Seat ☐ Hinge Pin ☐ Module ☐ _____	☐ CLEANED ☐ REPLACED: ☐ Disc ☐ Spring ☐ Diaphragm ☐ Seat ☐ O-Ring(s) ☐ Module ☐ _____	☐ CLEANED ☐ REPLACED: ☐ Poppet / Float ☐ Air Inlet Spring ☐ Check Disc ☐ Check Spring ☐ O-Ring(s) ☐ Guide ☐ _____	CLEANED REPLACED "OTHER"	☐ ☐ ☐	☐ ☐ ☐
	NOTES: EXISTING ASSEMBLY ☐ **REPLACED ASSEMBLY** ☐ **NEW INSTALLATION** ☐ _____ _____ **REPLACED ASSEMBLY'S SER. #:**_____						
Final Test	_____PSI ☐ Closed Tight	_____PSI ☐ Closed Tight	☐ Opened at _____PSI	Air Inlet _____ PSI CK Valve _____ PSI	Shut Off Valves Closed Tight	#1 ☐	#2 ☐

Note: Report must be submitted within ten (10) days of test. Any backflow prevention assembly left in a failed (non-passing) condition, creating a potential threat to the potable water supply, must be reported to the purveyor within 24 hours!

Tester's Name: _____ **(print) I. B. O. L. License #:** _____ **Gauge #:**_____

Final Backflow Assembly Test Results: PASSED ☐ **FAILED** ☐ **WATER SERVICE RESTORED** ☐ **B.A.T. Tag attached** ☐

"I certify the assembly was tested according to U. S. C. test protocol and the above report is certified to be true."

ACKNOWLEDGED BY: _____ **(Tester's Signature)**

Employer/company name: _____ **Phone #:** _____

Employer and/or Tester's email address: _____