



# District of Columbia Water & Sewer Authority

Send to: **Cross Connection Control Program**  
**3900 Donaldson Place, NW Washington, DC 20016**

Send via Fax: (202) 364-3143 E-mail: crossconnection@dewater.com

## Backflow Prevention Assembly (BPA) Inspection Report

Service address \_\_\_\_\_ Billing or Management \_\_\_\_\_  
 \_\_\_\_\_ Address \_\_\_\_\_  
 On-Site contact \_\_\_\_\_ Off-site contact (if one) \_\_\_\_\_  
 Phone number \_\_\_\_\_ Phone number \_\_\_\_\_  
 Email address \_\_\_\_\_ Email address \_\_\_\_\_

Assembly Make \_\_\_\_\_ Model Number \_\_\_\_\_ Size \_\_\_\_\_  
 Serial Number \_\_\_\_\_ Located at \_\_\_\_\_  
 BPA protects \_\_\_\_\_ system Unprotected by-pass line around assembly? Yes \_\_\_ No \_\_\_

Is the building part of/a (circle one): Hospital Commercial Nursing Home Residential Funeral Home Office Building Dialysis Center Other \_\_\_\_\_

Is the assembly? (circle one) New Existing Rebuilt/Repaired  
 Replacement for Serial Number \_\_\_\_\_

Assembly Type (circle one) Reduced Pressure Double Check Pressure/spill proof Vacuum Breaker

Test Results	Reduced Pressure Assembly					Pressure Vacuum Breaker	
	Relief Vent	Double Check Assembly		Backsiphonage (optional)	Appropriate air-gap at relief vent?	Air Inlet	Check Valve
		1 <sup>st</sup> Check	2 <sup>nd</sup> Check				
Opened at _____ Diff psi	Closed Tight at _____ Diff psi Leaked _____	Closed Tight at _____ Diff psi Leaked _____	Closed Tight at _____ Diff psi Leaked _____	Yes ___ No ___	Opened at _____ Diff psi	Opened at _____ Diff psi	

Test Conclusion (Circle one):	Pass	Fail	Failure Description _____ _____ _____
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**If assembly fails, it must be replaced or repaired, then retested with test report submitted within 45 days.**

Test Date \_\_\_\_\_ Next Test Date \_\_\_\_\_

Tester Signature \_\_\_\_\_ certifies the above results are true  
 Print Tester Name \_\_\_\_\_ Certification # \_\_\_\_\_  
 Test Firm Name \_\_\_\_\_ Test Firm Address \_\_\_\_\_  
 Most recent gauge calibration date \_\_\_\_\_

Note: All assemblies should be tagged indicating test firm address, test date, tester name and certification number

*For any questions or comments contact DC Water at 202-364-3144 Ver11/15*