



Double Check Detector Assembly Type II (DCDA-II) Field Test Report

**Cedar River Water &
Sewer District**
backflow@crwsd.com
Fax: 425-228-4880

CRWSD Annual Testing Due 5/31				CRWSD Acct #			
Facility Name						<input type="checkbox"/> Non-Residential <input type="checkbox"/> Residential	
Service Address				City		Zip	
Contact Person			Phone		Email		
Hazard Type (if known)							
Preventer Physical Location							
<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Replacement: Old Ser. #					Confined Space		Yes <input type="checkbox"/> No <input type="checkbox"/>
Assembly Make		Model		Serial #		Size "	
USC-Approved Yes <input type="checkbox"/> No <input type="checkbox"/>		Proper Install Yes <input type="checkbox"/> No <input type="checkbox"/>		Proper Orientation		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bypass meter reading before test: Gals <input type="checkbox"/> CuFt <input checked="" type="checkbox"/>							
Bypass meter reading after test: Gals <input type="checkbox"/> CuFt <input checked="" type="checkbox"/>							
Initial Test	Bypass Check		Check Valve 1		Check Valve 2		
Passed <input type="checkbox"/>	Serial # _____ ___ Psid		___ Psid		___ Psid		
Failed <input type="checkbox"/>	Leaked <input type="checkbox"/>		Leaked <input type="checkbox"/>		Leaked <input type="checkbox"/>		
Cleaning, Repairs, & Parts	Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/>		Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/>		Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/>		
	<input type="checkbox"/> Disc	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> Disc	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> Disc	<input type="checkbox"/> O-Ring(s)	
	<input type="checkbox"/> Spring	<input type="checkbox"/> Module	<input type="checkbox"/> Spring	<input type="checkbox"/> Module	<input type="checkbox"/> Spring	<input type="checkbox"/> Module	
	<input type="checkbox"/> Guide	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Guide	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Guide	<input type="checkbox"/> Rubber Kit	
	<input type="checkbox"/> Seat	<input type="checkbox"/>	<input type="checkbox"/> Seat	<input type="checkbox"/>	<input type="checkbox"/> Seat	<input type="checkbox"/>	
Final Test	___ Psid		___ Psid		___ Psid		
Passed <input type="checkbox"/>	Leaked <input type="checkbox"/>		Leaked <input type="checkbox"/>		Leaked <input type="checkbox"/>		
Flow Detected Through Bypass Yes <input type="checkbox"/> No <input type="checkbox"/>							
				Supply Pipe Diameter "			
Line Pressure		psi				Service Restored Yes <input type="checkbox"/> No <input type="checkbox"/>	
Remarks*							
Test Kit Make & Model				Serial #		Ver./Cal Date**	
By this signature, I certify:	1. I personally inspected and field-tested the backflow assembly using field test procedures meeting WAC 246-290-490 and test equipment meeting WAC 246-292-034; or I personally inspected the air gap or AVB. 2. The information in this report is true, complete, and accurate.						
BAT Signature (initial test)				Cert. #		Date/Time	
BAT Name (print)				BAT Phone #			
Repaired By						Date/Time	
BAT Signature (after repair)				Cert. #		Date/Time	
BAT Name (print)				BAT Phone #			
BAT Company Name				Address			

*Note unapproved backflow preventer, missing/defective components, repairs made, or conditions that may adversely affect assembly.

**The date of the most recent field test kit verification of accuracy or calibration whichever is most recent.