



NORTHWEST FIRE SYSTEMS
SPRINKLER & FIRE ALARM

Saving Lives, Protecting Property

22645 83rd Ave S, Bldg D, Kent, WA 98032
206-772-7502 (phone) • 206-772-7504 (fax)
License No.: NORTHFS928CR

CERTIFICATION GIVEN

RED YELLOW WHITE

Backflow Prevention Assembly
Confidence Test Report

Please forward this report to the local fire prevention authority in your area.

Date of Inspection: 06/29/2022 08:00am PDT, 07/05/2022 01:00pm PT Water Restored: Yes No Authorized Tester: Northwest Fire Systems
Facility Name: Round 1 Bowling and Amusement Commercial: Residential:
Service Address: 3500 South Meridian City: Puyallup Zip: 98373
Contact Name: Jeremy Nemecek Phone: _____ Fax: _____
Assembly Location: BFP-3 / Vault, By PIV back of building Assembly# Un FXID #: _____
Hazard Type: Fire sprinkler DCVA RPBA PVBA AG Other: _____
New Install: Existing: Replacement: Old SN: _____ Proper Install? Yes No
Make of Assembly: Febco Model: 806 YD Serial #: P8802 Size: 8

| <u>INITIAL TEST</u> | <u>DCVA/ RPBA</u> CHECK VALVE #1 | <u>DCVA/ RPBA</u> CHECK VALVE #2 | <u>RPBA</u> Opened at ____ PSID #1 Check ____ PSID Air Gap OK ____ | <u>PVBA/ SVBA</u> AIR INLET Opened at ____ PSID Check Valve ____ PSID Did not Open <input type="checkbox"/> |
|--|--|--|--|--|
| PASSED <input type="checkbox"/> FAILED <input type="checkbox"/> | Leaked <input type="checkbox"/> ____ PSID | Leaked <input type="checkbox"/> ____ PSID | | |
| <u>NEW PARTS</u> <u>AND</u> <u>REPAIRS</u> | 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"/> |
| <u>TEST AFTER REPAIRS</u> PASSED <input checked="" type="checkbox"/> FAILED <input type="checkbox"/> | CHECK VALVE #1 Leaked <input type="checkbox"/> <u>2.4</u> PSID | CHECK VALVE #2 Leaked <input type="checkbox"/> <u>3.5</u> PSID | Opened at ____ PSID #1 Check ____ PSID Air Gap OK ____ | Opened at ____ PSID Check Valve ____ PSID |

Air Gap Inspection: _____ Meter Reading: _____ Separation: _____ Pass Fail

Remarks: Replaced cv 2 rubber and retested Line Pressure: 55 PSI
Confined Space: Yes No

Testers Signature: _____ Cert. No. _____ Date: _____
Testers Name Printed: _____ Office Phone: 206-772-7502
Make / Model / Gauge # _____ Calibration Date: _____
Final Test
Testers Signature: [Signature] Cert. No. B6547 Date: 7-7-22
Testers Name Printed: Thomas murohv
Make / Model / Gauge # Midwest 845 sn#07210626 Calibration Date: 7-21

I certify that this report is accurate and I have used WAC 264-290-490 approved test methods and test equipment.