



# Backflow Preventer Inspection and Field Test Report

15205 41st Ave SE  
Bothell, WA 98012  
(425) 337-3647  
www.slwsd.com

<b>Mailing Address:</b>	<b>Service Address:</b>
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<b>Contact Person</b>	<b>Phone</b>	<input type="checkbox"/> <b>Non-Residential</b> <input type="checkbox"/> <b>Residential</b>
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<b>Hazard Type (if known)</b>	<b>Meter #</b>
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<b>Preventer Physical Location</b>
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<input type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Existing</b> <input type="checkbox"/> <b>Replacement: Old Ser. #</b>	<b>Confined Space</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
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<b>Assembly</b>	<b>Serial #</b>
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<b>USC-Approved</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Proper Install</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Proper Orientation</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
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Initial Test	DCVA	RPBA	PVBA/SVBA
<b>Passed</b> <input type="checkbox"/>	<b><u>Check Valve 1</u></b> Leaked <input type="checkbox"/> ___ psid	<b><u>Relief Valve</u></b> Opened ___ psid/ Not Open <input type="checkbox"/>	<b><u>Air Inlet Valve</u></b> Opened at ___ psid Did Not Open <input type="checkbox"/>
<b>Failed</b> <input type="checkbox"/>	<b><u>Check Valve 2</u></b> Leaked <input type="checkbox"/> ___ psid	<b><u>Check Valve 2</u></b> Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened Fully Yes <input type="checkbox"/> No <input type="checkbox"/>
		<b><u>Check Valve 1</u></b> ___ psid	<b><u>Check Valve</u></b> ___ psid
		<b><u>Approved Air Gap</u></b> Yes <input type="checkbox"/> No <input type="checkbox"/>	Leaked <input type="checkbox"/>

<b>Cleaning, Repairs, &amp; Parts</b>	<b>Cleaned</b> <input type="checkbox"/> <b>Repaired</b> <input type="checkbox"/>	<b>Cleaned</b> <input type="checkbox"/> <b>Repaired</b> <input type="checkbox"/>	<b>Cleaned</b> <input type="checkbox"/> <b>Repaired</b> <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final Test	DCVA	RPBA	PVBA/SVBA
<b>Passed</b> <input type="checkbox"/>	<b><u>Check Valve 1</u></b> Leaked <input type="checkbox"/> ___ psid	<b><u>Relief Valve</u></b> Opened at ___ psid	<b><u>Air Inlet Valve</u></b> Opened at ___ psid
<b>Failed</b> <input type="checkbox"/>	<b><u>Check Valve 2</u></b> Leaked <input type="checkbox"/> ___ psid	<b><u>Check Valve 2</u></b> Closed Tight <input type="checkbox"/>	Opened Fully Yes <input type="checkbox"/> No <input type="checkbox"/>
		<b><u>Check Valve 1</u></b> ___ psid	<b><u>Check Valve</u></b> ___ psid

<b>Air Gap Inspection</b> Pass <input type="checkbox"/> Fail <input type="checkbox"/>	<b>Supply Pipe Diameter</b> ”	<b>Air Gap Separation</b> ”
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<b>Line Pressure</b> psi	<b>Detector Meter</b> Gals <input type="checkbox"/> CuFt <input type="checkbox"/>	<b>Service Restored</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
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<b>Remarks*</b>

<b>Test Kit Make &amp; Model</b>	<b>Serial #</b>	<b>Ver./Cal Date**</b>
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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.

<b>BAT Signature (initial test)</b>	<b>Cert. #</b>	<b>Date</b>
<b>BAT Name (print)</b>	<b>BAT Phone #</b>	
<b>Repaired By</b>	<b>Lic. #</b>	<b>Date</b>
<b>BAT Signature (final test)</b>	<b>Cert. #</b>	<b>Date</b>
<b>BAT Name (print)</b>	<b>BAT Phone #</b>	
<b>BAT Company Name</b>		

*\*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.*