

For Tester or Water System Use	Backflow Preventer Inspection and Field Test Report	For Tester or Water System Use
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PWS ID	Water System Name	File #
Facility Name		<input type="checkbox"/> Non-Residential <input type="checkbox"/> Residential
Service Address		City Zip
Contact Person	Phone	Email
Hazard Type (if known)		<input type="checkbox"/> DCVA <input type="checkbox"/> RPBA <input type="checkbox"/> PVBA <input type="checkbox"/> AG <input type="checkbox"/> Other
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"/>

Initial Test	DCVA	RPBA	PVBA/SVBA
Passed <input type="checkbox"/> Failed <input type="checkbox"/>	Check Valve 1 Leaked <input type="checkbox"/> ___ psid	Relief Valve Opened ___ psid/ Not Open <input type="checkbox"/>	Air Inlet Valve Opened at ___ psid Did Not Open <input type="checkbox"/> Opened Fully Yes <input type="checkbox"/> No <input type="checkbox"/>
	Check Valve 2 Leaked <input type="checkbox"/> ___ psid	Check Valve 2 Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> Check Valve 1 ___ psid Approved Air Gap Yes <input type="checkbox"/> No <input type="checkbox"/>	Check Valve ___ psid 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"/> Air Inlet Disc	<input type="checkbox"/> Float
	<input type="checkbox"/> Spring	<input type="checkbox"/> Module	<input type="checkbox"/> Spring	<input type="checkbox"/> Module	<input type="checkbox"/> Air Inlet Spring	<input type="checkbox"/> Diaphragm
	<input type="checkbox"/> Guide	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Rubber Kit/Guide	<input type="checkbox"/> Check Disc	<input type="checkbox"/> Rubber Kit
	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/>	<input type="checkbox"/> Check Spring	<input type="checkbox"/>	

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

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

Remarks*

Test Kit Make & Model	Serial #	Ver./Cal Date**
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By this signature, I certify:

- 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.
- 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.