

Backflow Preventer Inspection and Field Test Report

PWS ID Water System Name File #											
Facility Nam	ne			□ Non-Residential □ Resider						☐ Residential	
Service Address City									Zip		
Contact Per	son			Phor	Phone Email						
Hazard Type (if known) □ DCVA □ RPBA □ PVBA □ AG □Other											
Preventer Physical Location											
☐ New ☐ E	xisting 🗆 Re	placeme	ent: Old	Ser. # Confin			ed Space Yes □ No □				
Assembly Make Model				Serial #			al#	Size "			
USC-Approved Yes □ No □ Prope				r Install Yes □ No □ Prope							
Initial Test	DCVA			RPBA			PVBA/SVBA				
<u> </u>	Check Valve 1			Relief Valve				Air Inlet Valve			
Passed □	assed □ Leaked □ psid				Opened psid/ Not Open□				Opened at psid		
Failed □				Check Valve 2					Did Not Open □		
CHECK VAIVE Z				Closed Tight ☐ Leaked ☐				Opened Fully Yes □ No□			
	Leaked □ psid				_				Check Valve psid		
				Check Valve 1 psid			Leaked □				
		Approved Air Gap Yes□ No□									
Cleaning,	Cleaned □ Repaired □			Cleaned □ Repaired □				Cleaned ☐ Repaired ☐			
<u> </u>	□Disc	☐O-Ring(s)		□Disc		☐ O-Ring(s)		☐Air Inlet D	isc	□Float	
Repairs, &	□Spring	☐Module		□Spring		☐Module		☐Air Inlet S	pring	□Diaphragm	
Parts	□Guide	☐Guide ☐Rubber Kit		□Diaphragm		☐Rubber Kit/Guide		☐Check Dis	SC	☐Rubber Kit	
	□ Seat □			□Seat				☐Check Sp	ring		
Final Test	Check Valve		Relief Valve			Air Inlet Valve					
Passed □	Leaked □ psid			Opened at psid			Opened at psid				
rasseu 🗆	Check Valve 2			Check Valve 2 Closed Tight □			Opened Fully Yes \square No \square				
Failed □	Leaked □ psid						Check Valve psid				
Air Con Inspection Page 7 5:17				Check Valve 1 psid				Air Can Sanavation "			
Air Gap Inspection Pass □ Fail □ Line Pressure psi Detector Me				Supply I lipe Diameter				All Gap Geparation			
	ire psi	ctor ivie	ter Gals□ CuFt □			Service Restored Yes No					
Remarks*											
Test Kit Make & Model Serial # Ver./Cal Date**										<u> </u>	
		ted and	field-tested the backflow assembly us								
Signature I WAC 246-290-490 and test equipment meeting WAC 246-292-034; or I personally inspec											
certify:	gap or AVB. 2. The information in this report is true, complete, and accurate.										
BAT Signature (initial test) Cert. # Date/Time											
BAT Name (•		BAT Pho		ne #						
Repaired By Date/T											
BAT Signati	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.