



# Backflow Preventer Inspection and Field Test Report

Cross Connection Control &  
Backflow Prevention Program  
(206) 684-3536  
SPU\_Backflow@seattle.gov

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"/>	<b>Check Valve 1</b> Leaked <input type="checkbox"/> ___ psid	<b>Relief Valve</b> Opened ___ psid/ Not Open <input type="checkbox"/>	<b>Air Inlet Valve</b> Opened at ___ psid Did Not Open <input type="checkbox"/> Opened Fully Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>Check Valve 2</b> Leaked <input type="checkbox"/> ___ psid	<b>Check Valve 2</b> Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> <b>Check Valve 1</b> ___ psid <b>Approved Air Gap</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Check Valve</b> ___ psid Leaked <input type="checkbox"/>

Cleaning, Repairs, & Parts	DCVA	RPBA	PVBA/SVBA
	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"/>	<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"/>	<b>Check Valve 1</b> Leaked <input type="checkbox"/> ___ psid	<b>Relief Valve</b> Opened at ___ psid	<b>Air Inlet Valve</b> Opened at ___ psid Opened Fully Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>Check Valve 2</b> Leaked <input type="checkbox"/> ___ psid	<b>Check Valve 2</b> Closed Tight <input type="checkbox"/> <b>Check Valve 1</b> ___ psid	<b>Check Valve</b> ___ 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.