



# Backflow Preventer Inspection and Field Test Report

Submit to:  
City of Colfax  
200 N. Mill St.  
Colfax, WA 99111

<b>PWS ID</b>		<b>Water System Name</b>		<b>File #</b>	
<b>Facility Name</b>				<input type="checkbox"/> Non-Residential <input type="checkbox"/> Residential	
<b>Service Address</b>			<b>City</b>		<b>Zip</b>
<b>Contact Person</b>		<b>Phone</b>		<b>Email</b>	
<b>Hazard Type (if known)</b>			<input type="checkbox"/> DCVA <input type="checkbox"/> RPBA <input type="checkbox"/> PVBA <input type="checkbox"/> AG <input type="checkbox"/> Other		
<b>Preventer Physical Location</b>					
<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Replacement: Old Ser. #				<b>Confined Space</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Assembly Make</b>		<b>Model</b>		<b>Serial #</b>	
<b>Size</b> "					
<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"/>	
<b>Initial Test</b>	<b>DCVA</b>		<b>RPBA</b>		<b>PVBA/SVBA</b>
	<b>Check Valve 1</b>		<b>Relief Valve</b>		<b>Air Inlet Valve</b>
	Leaked <input type="checkbox"/> ____ psid		Opened ____ psid/ Not Open <input type="checkbox"/>		Opened at ____ psid
	<b>Check Valve 2</b>		<b>Check Valve 2</b>		Did Not Open <input type="checkbox"/>
<b>Cleaning, Repairs, &amp; Parts</b>	<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"/>
<b>Final Test</b>	<b>Check Valve 1</b>		<b>Relief Valve</b>		<b>Air Inlet Valve</b>
	Leaked <input type="checkbox"/> ____ psid		Opened at ____ psid		Opened at ____ psid
	<b>Check Valve 2</b>		<b>Check Valve 2</b> Closed Tight <input type="checkbox"/>		Opened Fully Yes <input type="checkbox"/> No <input type="checkbox"/>
	Leaked <input type="checkbox"/> ____ psid		<b>Check Valve 1</b> ____ psid		<b>Check Valve</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> "
<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"/>	
<b>Remarks*</b>					
<b>Test Kit Make &amp; Model</b>			<b>Serial #</b>		<b>Ver./Cal Date**</b>
<b>By this signature, I certify:</b>	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/Time</b>
<b>BAT Name (print)</b>			<b>BAT Phone #</b>		
<b>Repaired By</b>			<b>Date/Time</b>		
<b>BAT Signature (after repair)</b>			<b>Cert. #</b>		<b>Date/Time</b>
<b>BAT Name (print)</b>			<b>BAT Phone #</b>		
<b>BAT Company Name</b>			<b>Address</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.