



BACKFLOW PREVENTER INSPECTION AND FIELD TEST REPORT

CITY OF BOTHELL • 21233 20TH Ave SE • Bothell WA 98021

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Purveyor Contact: Dan Peddy (425) 806-6841

CITY OF BOTHELL - PERMIT #		CITY OF BOTHELL - INSPECTED BY: <input type="checkbox"/> Building Inspector <input type="checkbox"/> Water Purveyor				
<input type="checkbox"/> NEW <input type="checkbox"/> EXISTING <input type="checkbox"/> REPLACEMENT (OLD SER #)						
ASSEMBLY MANUFACTURER		MODEL	SERIAL NUMBER		FACILITY ID	
FACILITY NAME			CONTACT PERSON	PHONE	EMAIL	
SERVICE ADDRESS				CITY Bothell, WA	ZIP	
PREVENTER PHYSICAL LOCATION			HAZARD TYPE / DOWNSTREAM PROCESS			
<input type="checkbox"/> DCVA <input type="checkbox"/> RPBA <input type="checkbox"/> PVBA <input type="checkbox"/> AG <input type="checkbox"/> Other		WATER SERVICE RESTORED <input type="checkbox"/> Yes <input type="checkbox"/> No		RECORD DETECTOR METER READING - WHEN APPLICABLE <input type="checkbox"/> Gal <input type="checkbox"/> CuFt		
USC APPROVED <input type="checkbox"/> Yes <input type="checkbox"/> No	PROPER INSTALLATION <input type="checkbox"/> Yes <input type="checkbox"/> No	PROPER ORIENTATION <input type="checkbox"/> Yes <input type="checkbox"/> No		CONFINED SPACE <input type="checkbox"/> Yes <input type="checkbox"/> No	LINE PRESSURE psi	
Initial Test <input type="checkbox"/> Passed <input type="checkbox"/> Failed	DCVA		RPBA		PVBA/SVBA	
	<u>Check Valve 1</u> <input type="checkbox"/> Leaked _____ psid <u>Check Valve 2</u> <input type="checkbox"/> Leaked _____ psid		<u>Relief Valve</u> Opened _____ psid/ <input type="checkbox"/> Not Open <u>Check Valve 2</u> <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked <u>Check Valve 1</u> _____ psid <u>Approved Air Gap</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		<u>Air Inlet Valve</u> Opened _____ psid <input type="checkbox"/> Not Open Opened Fully <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Check Valve</u> _____ psid <input type="checkbox"/> Leaked	
Cleaning, Repairs, & Parts	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired	
	<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"/> Spring	<input type="checkbox"/> Module	<input type="checkbox"/> Spring	<input type="checkbox"/> Module	<input type="checkbox"/> Air Inlet Spring	
	<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"/> Seat	<input type="checkbox"/>	<input type="checkbox"/> Seat	<input type="checkbox"/>	<input type="checkbox"/> Check Spring	
Final Test <input type="checkbox"/> Passed <input type="checkbox"/> Failed	<u>Check Valve 1</u> <input type="checkbox"/> Leaked _____ psid <u>Check Valve 2</u> <input type="checkbox"/> Leaked _____ psid		<u>Relief Valve</u> Opened _____ psid/ <u>Check Valve 2</u> <input type="checkbox"/> Closed Tight <u>Check Valve 1</u> _____ psid		<u>Air Inlet Valve</u> Opened _____ psid Opened Fully <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Check Valve</u> _____ psid	
	AIR GAP INSPECTION <input type="checkbox"/> Passed <input type="checkbox"/> Failed		SUPPLY PIPE DIAMETER " "		AIR GAP SEPARATION " "	
REMARKS*						
By this signature, I certify:	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.					
INITIAL TEST BY (PRINT BAT TESTER NAME)		BAT COMPANY NAME		BAT PHONE	BAT CERT #:	
BAT SIGNATURE		TEST KIT MAKE & MODEL		SERIAL #	VER/CAL DATE **	
REPAIRED BY				DATE		
AFTER REPAIR TESTED BY(PRINT NAME)		BAT COMPANY NAME		BAT PHONE	BAT CERT #:	
BAT SIGNATURE		TEST KIT MAKE & MODEL		SERIAL #	VER/CAL DATE **	

**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.*