

King County Water District #125
 PO Box 68147
 Seattle WA 98168
 206-242-9547 fax 206-248-1744
 office@waterdistrict125.com

Backflow Preventer Inspection and Field Test Report

For Tester or Water
System Use

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	
	<u>Check Valve 1</u> Leaked <input type="checkbox"/> ___ psid <u>Check Valve 2</u> Leaked <input type="checkbox"/> ___ psid		<u>Relief Valve</u> Opened ___ psid/ Not Open <input type="checkbox"/> <u>Check Valve 2</u> Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> <u>Check Valve 1</u> ___ psid <u>Approved Air Gap</u> Yes <input type="checkbox"/> No <input type="checkbox"/>		<u>Air Inlet Valve</u> Opened at ___ psid Did Not Open <input type="checkbox"/> Opened Fully Yes <input type="checkbox"/> No <input type="checkbox"/> <u>Check Valve</u> ___ 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"/>	<input type="checkbox"/> Seat	<input type="checkbox"/>	<input type="checkbox"/> Check Spring <input type="checkbox"/>	
Final Test	<u>Check Valve 1</u> Leaked <input type="checkbox"/> ___ psid		<u>Relief Valve</u> Opened at ___ psid		<u>Air Inlet Valve</u> Opened at ___ psid	
	<u>Check Valve 2</u> Leaked <input type="checkbox"/> ___ psid		<u>Check Valve 2</u> Closed Tight <input type="checkbox"/>		Opened Fully Yes <input type="checkbox"/> No <input type="checkbox"/>	
	<u>Check Valve 1</u> ___ psid		<u>Check Valve 1</u> ___ psid		<u>Check Valve</u> ___ 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**	
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.					
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.