



BACKFLOW PREVENTER INSPECTION AND FIELD TEST

City of Duvall
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Duvall, WA 98019
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CoDbackflow@duvallwa.gov

ASSEMBLY MANUFACTURER	MODEL	SERIAL NUMBER	SIZE	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential
<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Replacement - Old Serial No.: _____ <input type="checkbox"/> Removed from Service <input type="checkbox"/> Premise <input type="checkbox"/> In-Premise				
For New Installations:				
City of Duvall Permit No.:		City of Duvall Inspector:		
Facility Name: _____		Contact Person: _____		Phone: _____
Facility Address: _____		Email: _____		
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 Line Pressure: _____ psi		
Record Detector Meter Reading – When Applicable USC Approved Proper Installation Proper Orientation Confined Space				
<input type="checkbox"/> Gal <input type="checkbox"/> CuFt		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Initial Test	DCVA	RPBA	PVBA / SVBA	
<input type="checkbox"/> Passed <input type="checkbox"/> Failed	Check Valve 1 <input type="checkbox"/> Leaked _____ psid Check Valve 2 <input type="checkbox"/> Leaked _____ psid	Relief Valve Opened _____ psid <input type="checkbox"/> Not Open Check Valve 2 <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked Check Valve 1 _____ psid Approved Air Gap <input type="checkbox"/> Yes <input type="checkbox"/> No	Air Inlet Valve Opened _____ psid <input type="checkbox"/> Not Open Opened Fully <input type="checkbox"/> Yes <input type="checkbox"/> No Check Valve _____ psid <input type="checkbox"/> Leaked	
Cleaning, Repairs & Parts	DCVA	RPBA	PVBA / SVBA	
	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/> Disc <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Spring <input type="checkbox"/> Module <input type="checkbox"/> Guide <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Seat <input type="checkbox"/>	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/> Disc <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Spring <input type="checkbox"/> Module <input type="checkbox"/> Diaphragm <input type="checkbox"/> Rubber Kit/Guide <input type="checkbox"/> Seat <input type="checkbox"/>	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/> Air Inlet Disc <input type="checkbox"/> Float <input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Check Disc <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Check Spring <input type="checkbox"/>	
Final Test	Check Valve 1	Relief Valve	Air Inlet Valve	
<input type="checkbox"/> Passed <input type="checkbox"/> Failed	<input type="checkbox"/> Leaked _____ psid Check Valve 2 <input type="checkbox"/> Leaked _____ psid	Opened _____ psid Check Valve 2 <input type="checkbox"/> Closed Tight Check Valve 1 _____ psid	Opened _____ psid Opened Fully <input type="checkbox"/> Yes <input type="checkbox"/> No Check Valve _____ 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 246-292-031; 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 #
_____		_____	_____	_____
Date Tested				

BAT Signature		Test Kit Make & Model	Serial #	VER / Cal Date**
_____		_____	_____	_____
<i>*Note unapproved Backflow preventer, missing defective components, repairs made, or conditions that may adversely affect assembly.</i> <i>**The date of the most recent field test kit verification of accuracy or calibration, whichever is most recent.</i>				