



Backflow Preventer Inspection and Field Test Report

City of Olympia
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Fax (360) 570-5844
pwwaterbackflow@ci.olympia.wa.us

Facility Name: _____
Service Address: _____ City: _____ Zip: _____

Contact Person: _____ Phone: _____ Email: _____

DCVA RPBA PVBA AG Other _____ Hazard: _____

New Existing Replacement Old Ser. # _____

Preventer Physical Location: _____

Assembly Make: _____ Model: _____ Serial #: _____ Size: _____

USC-Approved Yes No Proper Install Yes No Proper Orientation Yes No

	<u>DCVA</u>	<u>RPBA</u>	<u>PVBA/SVBA</u>
Initial Test	<u>Check Valve No. 1</u> Leaked <input type="checkbox"/> _____ Psid <u>Check Valve No. 2</u> Leaked <input type="checkbox"/> _____ Psid	<u>Relief Valve</u> Opened at _____ 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"/>
Final Test	<u>Check Valve No. 1</u> Leaked <input type="checkbox"/> _____ Psid <u>Check Valve No. 2</u> Leaked <input type="checkbox"/> _____ Psid	<u>Relief Valve</u> Opened at _____ Psid <u>Check Valve #2</u> Closed Tight <input type="checkbox"/> <u>Check Valve #1</u> _____ Psid	<u>Air Inlet Valve</u> Opened at _____ Psid Opened Fully Yes <input type="checkbox"/> No <input type="checkbox"/> <u>Check Valve</u> _____ Psid

Air Gap Inspection Pass Fail

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 #:

BAT Signature (after repair):

Cert. #:

Date/Time:

BAT Name (print):

BAT Phone #:

*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.