

Backflow Prevention Assembly Test Report -

Service Address

Spokane Valley, WA

Test Due
/ /

Location:

Mailing Address

Spokane Valley, WA

	Check if Correct	Corrections
Serial #:	<input type="checkbox"/>	_____
Mfg:	<input type="checkbox"/>	_____
Model:	<input type="checkbox"/>	_____
Type:	<input type="checkbox"/>	_____
Size:	<input type="checkbox"/>	_____

Existing <input type="checkbox"/>	Removed <input type="checkbox"/>	Commercial <input type="checkbox"/>	Municipal <input type="checkbox"/>	Domestic <input type="checkbox"/>	Fire <input type="checkbox"/>
New <input type="checkbox"/>	Replaced <input type="checkbox"/>	Residential <input type="checkbox"/>	Industrial <input type="checkbox"/>	Irrigation <input type="checkbox"/>	Bypass <input type="checkbox"/>

	Reduced Pressure Principle Assembly			PVB/SVB
	Double Check Valve Assembly			
	Check Valve #1	Check Valve #2	Relief Valve	
Initial Test Date _____ Time _____ Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Did not Open <input type="checkbox"/> Held at _____ PSID	AIR INLET Did not Open <input type="checkbox"/> Opened at _____ PSID Opened Fully <input type="checkbox"/> CHECK VALVE Leaked <input type="checkbox"/> Held at _____ PSID

Repairs Date _____	Cleaned <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Rebuild <input type="checkbox"/> Other <input type="checkbox"/>
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	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
Final Test Date _____ Time _____ Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	AIR INLET Did not Open <input type="checkbox"/> Opened at _____ PSID Opened Fully <input type="checkbox"/> CHECK VALVE Leaked <input type="checkbox"/> Held at _____ PSID

Air Gap Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Supply Pipe Diameter _____ Separation _____	Orientation Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Other _____
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Comments		Yes	No
Yes <input type="checkbox"/> No <input type="checkbox"/> Notification within three days upon failure.	Proper Install	<input type="checkbox"/>	<input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/> I certify all information on this report is true and accurate, acknowledging that incomplete reports will not be accepted.	RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
	Service Restored	<input type="checkbox"/>	<input type="checkbox"/>
Tester _____	Company _____	Line Pressure _____	
Certification # _____	Phone _____	Meter Reading _____	
Expire _____	Test Kit Serial # _____	Test Kit Mfg _____	
Signature _____	Calibration Date _____	Test Kit Model _____	

Model Irrigation District 18
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