



## Backflow Prevention Device Inspection and Field Test Report

**Cedar River Water &  
Sewer District**  
backflow@crwsd.com  
Fax: 425-228-4880

<b>CRWSD Annual Testing Due 5/31</b>				<b>CRWSD Acct #</b>	
Owner or 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"/> AG <input type="checkbox"/> Other		
Preventer Physical Location					
<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Replacement: Old Ser. #				<b>Confined Space</b> 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"/>	
<b>Initial Test</b>	<b>DCVA</b>		<b>RPBA</b>		<b>PVBA/SVBA</b>
	<u>Check Valve 1</u>		<u>Relief Valve</u>		<b><u>DEVICE NOT APPROVED BY CRWSD POLICY</u></b>
	Passed <input type="checkbox"/> Leaked <input type="checkbox"/> ___ psid		Opened ___ psid/ Not Open <input type="checkbox"/>		
	Failed <input type="checkbox"/> <u>Check Valve 2</u>		<u>Check Valve 2</u>		
Leaked <input type="checkbox"/> ___ psid		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"/>			
<b>Cleaning, Repairs, &amp; Parts</b>	<b>Cleaned</b> <input type="checkbox"/> <b>Repaired</b> <input type="checkbox"/>		<b>Cleaned</b> <input type="checkbox"/> <b>Repaired</b> <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"/> Spring	<input type="checkbox"/> Module	<input type="checkbox"/> Spring	<input type="checkbox"/> Module	
	<input type="checkbox"/> Guide	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Rubber Kit/Guide	
<input type="checkbox"/> Seat	<input type="checkbox"/>	<input type="checkbox"/> Seat	<input type="checkbox"/>		
<b>Final Test</b>	<u>Check Valve 1</u>		<u>Relief Valve</u>		
	Passed <input type="checkbox"/> Leaked <input type="checkbox"/> ___ psid		Opened at ___ psid		
	Failed <input type="checkbox"/> <u>Check Valve 2</u>		<u>Check Valve 2</u> Closed Tight <input type="checkbox"/>		
	Leaked <input type="checkbox"/> ___ psid		<u>Check Valve 1</u> ___ psid		
<b>Air Gap Inspection</b> Pass <input type="checkbox"/> Fail <input type="checkbox"/>		<b>Supply Pipe Diameter</b> ”		<b>Air Gap Separation</b> ”	
<b>Line Pressure</b> psi		<b>Detector Meter</b> Gals <input type="checkbox"/> CuFt <input type="checkbox"/>		<b>Service Restored</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Remarks*</b>					
<b>Test Kit Make &amp; Model</b>			<b>Serial #</b>		<b>Ver./Cal Date**</b>
<b>By this signature, I certify:</b>	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.				
<b>BAT Signature (initial test)</b>			<b>Cert. #</b>		<b>Date</b>
<b>BAT Name (print)</b>			<b>BAT Phone #</b>		
<b>BAT Company Name</b>			<b>BAT Company Address</b>		
<b>Repaired By</b>			<b>Date</b>		
<b>BAT Signature (after repair)</b>			<b>Cert. #</b>		<b>Date</b>
<b>BAT Name (print)</b>			<b>BAT Phone #</b>		
<b>BAT Company Name</b>			<b>Address</b>		

*\*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.*