

Backflow Prevention Assembly Test Report -

Service Address

Spokane Valley, WA

Mailing Address

Spokane Valley, WA

Test Due
/ /

Location:

Check if Correct Corrections

Serial #: ☐ _____
Mfg: ☐ _____
Model: ☐ _____
Type: ☐ _____
Size: ☐ _____

Existing ☐ Removed ☐ Commercial ☐ Municipal ☐ Domestic ☐ Fire ☐
New ☐ Replaced ☐ Residential ☐ Industrial ☐ Irrigation ☐ Bypass ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

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

Repairs

Cleaned ☐ _____
Rubber Kit ☐ _____
Rebuild ☐ _____
Other ☐ _____

Date _____

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

Air Gap **Pass** ☐ **Fail** ☐ Supply Pipe Diameter _____ Separation _____

Orientation Horizontal ☐ Vertical ☐ Other _____

Comments

Yes ☐ No ☐ Notification within three days upon failure.

Yes ☐ No ☐ I certify all information on this report is true and accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Company _____

Certification # _____ Phone _____

Expire _____ Test Kit Serial # _____

Signature _____ Calibration Date _____

	Yes	No
Proper Install	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Kit Mfg _____

Test Kit Model _____

CONSOLIDATED IRRIGATION DISTRICT 19

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