For Tester or Water System Use	**1. Backflow Preventer Inspection and Field Test Report**	For Tester or Water System Use

2. PWS ID	**3.** Water System Name		**4.** File #
5. Facility Name		**6.** ☐ Non-Residential ☐ Residential	
7. Service Address	City	Zip	
8. Contact Person	**9.** Phone	**10.** Email	
11. Hazard Type (if known)	**12.** ☐ DCVA ☐ RPBA ☐ PVBA ☐ AG ☐Other		
13. Preventer Physical Location			
14. ☐ New ☐ Existing ☐ Replacement: Old Ser. #		**15.** Confined Space Yes ☐ No ☐	
16. Assembly Make	**17.** Model	**18.** Serial #	**19.** Size ”
20. USC-Approved Yes☐ No ☐	**21.** Proper Install Yes☐ No☐	**22.** Proper Orientation Yes☐ No☐	

	DCVA	RPBA	PVBA/SVBA
23. Initial Test **Passed** ☐ **Failed** ☐	**Check Valve 1** Leaked ☐ ___ psid **Check Valve 2** Leaked ☐ ___ psid	**Relief Valve** Opened ___ psid/ Not Open☐ **Check Valve 2** Closed Tight ☐ Leaked ☐ **Check Valve 1** ___ psid **Approved Air Gap** Yes☐ No☐	**Air Inlet Valve** Opened at ___ psid Did Not Open ☐ Opened Fully Yes ☐ No☐ **Check Valve** ___ psid Leaked ☐

24. Cleaning, Repairs, & Parts						
Cleaned ☐ **Repaired** ☐		**Cleaned** ☐ **Repaired** ☐		**Cleaned** ☐ **Repaired** ☐	
☐Disc	☐O-Ring(s)	☐Disc	☐O-Ring(s)	☐Air Inlet Disc	☐Float
☐Spring	☐Module	☐Spring	☐Module	☐Air Inlet Spring	☐Diaphragm
☐Guide	☐Rubber Kit	☐Diaphragm	☐Rubber Kit/Guide	☐Check Disc	☐Rubber Kit
☐Seat	☐	☐Seat	☐	☐Check Spring	☐

25. Final Test **Passed** ☐ **Failed** ☐	DCVA	RPBA	PVBA/SVBA
	Check Valve 1 Leaked ☐ ___ psid **Check Valve 2** Leaked ☐ ___ psid	**Relief Valve** Opened at ___ psid **Check Valve 2** Closed Tight ☐ **Check Valve 1** ___ psid	**Air Inlet Valve** Opened at ___ psid Opened Fully Yes ☐ No☐ **Check Valve** ___ psid

26. Air Gap Inspection Pass ☐ Fail ☐	**27.** Supply Pipe Diameter ”	**28.** Air Gap Separation ”
29. Line Pressure psi	**30.** Detector Meter Gals☐ CuFt ☐	**31.** Service Rest**ored** Yes☐No☐
32. Remarks*		
33. Test Kit Make & Model	**34.** Serial #	**35.** Ver./Cal Date**

36. By my 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.

37. BAT Signature (initial test)	**38.** Cert. #	**39.** Date/Time
40. BAT Name (print)	**41.** BAT Phone #	
42. Repaired By		**43.** Date/Time
44. BAT Signature (after repair)	**45.** Cert. #	**46.** Date/Time
47. BAT Name (print)	**48.** BAT Phone #	
49. BAT Company Name	**50.** Address	

***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.**

#	Field Name	Description	Required Field?	WAC 246-292-036
1	**Title Block**	May modify to identify the public water system requiring this test report, to identify the company performing the assembly inspection and field test or air gap inspection, or to display other information.	No	
2	**PWS ID**	The public water system identification number found on water system documents including the water facilities inventory (WFI). The Department of Health assigns this number to the water system.	No	
3	**Water System Name**	Name of the public water system that serves the property where the backflow preventer being inspected/tested is installed.	No	
4	**File #**	Backflow prevention assembly or air gap tracking number assigned by the water system.	No	
5	**Facility Name**	Name of the business, institution, or resident where the backflow preventer is installed.	Yes	(2)(a)
6	**Non-Residential or Residential**	Category that best describes the type of facility where the backflow preventer is installed.	No	
7	**Service Address**	Street address, city, and ZIP code of the facility where the backflow preventer is installed.	Yes	(2)(b)
8	**Contact Person**	Name of facility owner or owner's representative.	Yes	(2)(c)
9	**Phone**	Facility contact person's phone number.	Yes	(2)(c)
10	**Email**	Facility contact person's email address.	No	
11	**Hazard Type**	Description of the downstream hazard or premises, if known to the Backflow Assembly Tester (BAT). See Table 9 of WAC 246-290-490 for examples.	Yes	(2)(d)
12	**DCVA/RPBA/ PVBA/AG/ Other**	Type of assembly inspected and tested. **DCVA** = Double Check Valve Assembly, **RPBA** = Reduced Pressure Backflow Assembly, **PVBA** = Pressure Vacuum Breaker Assembly, **AG** = Air Gap. If "**Other**", describe type, such as DCDA or RPDA	Yes	(3)(b)
13	**Preventer Physical Location**	Detailed description of the backflow preventer's location within or outside facility (ex., at the meter or at the SW corner of mechanical room).	Yes	(3)(a)
14	**New, Existing, Replacement**	Indicate if the assembly is a new install, an existing assembly, or a replacement assembly. For replacement assemblies, provide the serial number of the assembly being replaced.	Yes	(3)(h) and (3)(i)
15	**Confined Space**	Optional data entry field requested by some water systems to indicate if the assembly is located in a confined space.	No	
16	**Assembly Make**	Enter the make (manufacturer's name) of the assembly being tested. This information will either be cast or stamped on the assembly body or appear on the assembly's nameplate.	Yes	(3)(c)

#	Field Name	Description	Required Field?	WAC 246-292-036
17	**Model**	Enter the model (name; number) of the assembly being tested. This information will either be cast or stamped on the assembly body or appear on the assembly's nameplate.	Yes	(3)(d)
18	**Serial #**	Enter the serial number of the assembly being tested. This information will either be cast or stamped on the body or appear on the assembly's nameplate.	Yes	(3)(e)
19	**Size**	Enter the size (in inches) of the assembly being tested. This information will either be cast or stamped on the assembly body or appear on the assembly's nameplate.	Yes	(3)(f)
20	**USC-Approved**	Indicate if the assembly being tested appears on the USC List of Approved Backflow Prevention Assemblies. The make, model, and size must exactly match the information on the USC List to be "USC-approved". Access the USC List at: http://www.usc.edu/dept/fccchr/list.html or http://www.usclist.com/ (Mobile Version)	Yes	(3)(g)
21	**Proper Install**	Indicate if the assembly is properly installed according to industry standards. If not properly installed, explain in comments.	Yes	(4)(b)
22	**Proper Orientation**	Indicate if the assembly is installed in an approved orientation as shown on the USC List of Approved Backflow Prevention Assemblies for the specific make, model, and size of assembly. If not installed in an approved orientation, explain in comments.	Yes	(4)(a)
23	**Initial Test Passed/Failed**	Evaluate assembly for a pass or fail condition based on accurate field test kit readings recorded when conducting the initial test per USC 10th Edition field test procedures. Enter the field test result for the initial test.	Yes	(5)
24	**Cleaning, Repairs, & Parts**	Check applicable box (or boxes) to describe maintenance performed, repairs made, and parts replaced.	Yes	(6)
25	**Final Test Passed/Failed**	Evaluate assembly for a pass or fail condition based on accurate field test kit readings recorded when conducting the final test per USC 10th Edition field test procedures. Enter the field test result for the final test.	Yes	(5)
26	**Air Gap Inspection Passed/Failed**	After measuring the supply pipe diameter and air gap separation, indicate if the air gap met the definition of an approved air gap (see WAC 246-290-010) at the time of inspection.	Yes	(4)(c) and (8)(c)
27	**Air Gap Supply Pipe Diameter**	Enter the diameter, in inches, of the pipe supplying water to the air gap.	Yes	(8)(a)
28	**Air Gap Separation**	Enter the length, in inches, of the air gap, i.e., the physical separation between the free-flowing discharge end of the supply pipe and the overflow rim of the open or non-pressure receiving vessel.	Yes	(8)(b)

#	Field Name	Description	Required Field?	WAC 246-292-036
29	**Line Pressure**	Optional data entry field requested by some water systems to indicate water system pressure (in pounds per square inch) at the inlet of the backflow prevention assembly to be tested.	No	
30	**Detector Assembly Meter Reading**	Optional data entry field requested by some water systems to detect unauthorized water use. Enter the number displayed on the flow meter installed on the detector assembly. Indicate units (i.e., gallons or cubic feet).	No	
31	**Service Restored**	Optional data entry field requested by some water systems to indicate if, after field-testing the assembly, the BAT restored water service to the original condition.	No	
32	**Remarks**	Use this section to provide additional information to the water purveyor and assembly owner. Indicate if the assembly is ***not*** USC-approved, list missing or defective components, describe any conditions that could adversely affect assembly performance, or report any other unusual or special circumstances or observations.	Yes	(9)
33	**Test Kit Make & Model**	Enter the make (manufacturer) and model of the field test kit the BAT used to test the assembly.	Yes	(7)(a) and (7)(b)
34	**Test Kit Serial #**	Enter the serial number of the field test kit the BAT used to test the assembly.	Yes	(7)(c)
35	**Ver./Cal Date**	Enter the date of the most recent field test kit verification of accuracy or calibration, whichever is more recent.	Yes	(7)(d)
36	**Certification Statement**	By signing the test report, the BAT certifies that he/she personally inspected and field tested the backflow assembly, preventer or inspected the air gap or AVB, used USC 10th Edition field test procedures, a field test kit complying with the WAC 246-292-034, and provided true, complete, and accurate information on the field test report.	Yes	(12)
37	**BAT Signature (initial test)**	Enter the signature of the certified BAT that performed the initial field test.	Yes	(13)
38	**Cert. #**	Enter the Department of Health issued BAT certification number for the BAT that performed the initial inspection and field test.	Yes	(10)(d)
39	**Date**	Enter the date the BAT conducted the initial backflow assembly inspection and field test, air gap or AVB inspection.	Yes	(11)
39	**Time**	Optional data entry field requested by some water systems. Enter the time the BAT conducted the initial backflow assembly inspection and field test, air gap or AVB inspection.	No	
40	**BAT Name (Print)**	Print the name of the certified BAT who performed the initial inspection and field test.	Yes	(10)(a)
41	**BAT Phone #**	Enter the phone number of the certified BAT who performed the initial inspection and field test.	Yes	(10)(c)
42	**Repaired By**	Enter the name of the person that repaired the backflow assembly.	Yes	(10)(a)
43	**Date**	Enter the date the BAT performed the backflow assembly maintenance or repair (or re-plumbed the air gap).	Yes	(11)

#	Field Name	Description	Required Field?	WAC 246-292-036
43	**Time**	Optional data entry field requested by some water systems. Enter the time the BAT performed the assembly maintenance or repair (or re-plumbed the air gap).	No	
44	**BAT Signature**	Enter the signature of the certified BAT that performed the final field test after repairs.	Yes	(13)
45	**Cert. #**	Enter the BAT certification number for the BAT who performed the final field test after repairs. This number is issued by the Department of Health.	Yes	(10)(d)
46	**Date**	Enter the date the certified BAT conducted the final field test after repairs.	Yes	(11)
46	**Time**	Enter the time the certified BAT conducted the final field test after repairs.	No	
47	**BAT Name (Print)**	Print the name of the certified BAT who performed the final field test after repairs.	Yes	(10)(a)
48	**BAT Phone #**	Enter the phone number of the certified BAT who performed the final field test after repairs.	Yes	(10)(c)
49	**BAT Company Name**	Enter the name of the company owned by the certified BAT or that employed the BAT conducting the assembly inspection and field test or air gap inspection.	Yes	(10)(b)
50	**Address**	Enter the address of the company listed in field #47.	No	

Please provide any comments, questions, or suggestions to CCCprogram@DOH.WA.GOV