BACKFLOW PREVENTION ASSEMBLY TEST REPORT
City of Snoqualmie Water Department

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Location Name	Phone Number	Contact Name

Address	Email Address

Assembly Type	Assembly Manufacturer	Assembly Model	Size	Serial Number

Assembly Location

☐ New Installation ☐ Existing ☐ Replacement   **Old Assembly Serial Number**

Downstream Process   ☐ Commercial ☐ Residential ☐ Water Service Restored

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut Off Valves	#1	#2
Initial Test	☐ Held at _____ PSID ☐ Closed Tight ☐ Leaked	☐ Held at _____ PSID ☐ Closed Tight ☐ Leaked	☐ Opened at _____ PSID ☐ Did Not Open	☐ Air Inlet Opened at _____ PSID ☐ Opened Fully ☐ Check Held at _____ PSID ☐ Leaked	Closed Tight Leaked	☐ ☐	☐ ☐
R E P A I R	☐ CLEANED REPLACED ☐ Disc ☐ Spring ☐ Guide ☐ Seat ☐ O-Ring(s) ☐ Module ☐ Rubber Kit ☐ Other	☐ CLEANED REPLACED ☐ Disc ☐ Spring ☐ Guide ☐ Seat ☐ O-Ring(s) ☐ Module ☐ Rubber Kit ☐ Other	☐ CLEANED REPLACED ☐ Disc ☐ Spring ☐ Diaphragm ☐ Seat ☐ O-Ring(s) ☐ Module ☐ Rubber Kit ☐ Other	☐ CLEANED REPLACED ☐ Air Inlet Disc ☐ Air Inlet Spring ☐ Check Disc ☐ Check Spring ☐ Float ☐ Diaphragm ☐ Rubber Kit ☐ Other	CLEANED REPLACED REPAIR Other	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
Final Test	_____ PSID ☐ Closed Tight	_____ PSID ☐ Closed Tight	Opened at _____ PSID	Air Inlet _____ PSID CK Valve _____ PSID	Closed Tight	☐	☐

Line Pressure at Time of Test	Test Date	Test Results

Comments

Test Kit Manufacturer	Test Kit Model	Test Kit Serial Number	Test Kit Calibration Date

☐ On this date the above device was tested per applicable codes and the required performance standards.

Tester Name	Certification Number

Tester Company	Tester Company Phone Number