Backflow Test Form

22510 E. Mission Ave
Liberty Lake, WA 99019
backflow@libertylake.org

Date:_____

Customer/Business Name:_____

Site Address:_____

Location of Assembly:_____

Assembly Make:_____

Model:_____

Size:_____

Serial #:_____

Type of Assembly:_____

	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 ☐ Opened Fully ☐ Did Not Open	☐ Air Inlet opened at _____PSID ☐ Opened Fully ☐ Did Not Open ☐ Check held at _____ PSID ☐ Leaked	Closed Tight Leaked	☐ ☐	☐ ☐
Repair Date	☐ CLEANED ☐ REPLACED: ☐ Disc ☐ Spring ☐ Guide ☐ Seat ☐ Hinge Pin ☐ Module _____	☐ CLEANED ☐ REPLACED: ☐ Disc ☐ Spring ☐ Guide ☐ Seat ☐ Hinge Pin ☐ Module _____	☐ CLEANED ☐ REPLACED: ☐ Disc ☐ Spring ☐ Guide ☐ Seat ☐ O-Ring(s) ☐ Module _____	☐ CLEANED ☐ REPLACED: ☐ Poppet / Float ☐ Air Inlet Spring ☐ Check Disc ☐ Check Spring ☐ O-Ring(s) ☐ Guide _____	CLEANED REPLACED	☐ ☐	☐ ☐
	NOTES:						
Final Test	☐ Closed Tight _____ PSID	☐ Closed Tight _____ PSID	☐ Opened At _____ PSID	Air Inlet _____ PSID CK Valve _____ PSID	Shut Off Valves Closed Tight	#1 ☐	#2 ☐

Name of Tester:_____

Company Name:_____

Company Phone:_____

WA BAT License #:_____

Test Equipment Make:_____ Model:_____ Calibration Date:_____

Signature of Tester:_____ Date:_____