



Public Works Department

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Backflow Prevention Device Test and Maintenance Report

*This report lists currently installed devices.
Please correct information if necessary.*

FILE NO. _____ PREMISE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

DEVICE LOCATION: _____

DEVICE TESTED	MAKE	MODEL	SERIAL	SIZE	TYPE	LAST/NEXT DUE
EXISTING:						
NEW/REPLACE:						

LINE PRESSURE: _____ PSI PRESSURE DROP ACROSS FIRST CHECK VALVE: _____ PSI

TEST BEFORE REPAIRS	CHECK VALVE NO. 1			CHECK VALVE NO. 2			DIFFERENTIAL PRV (RPBA)				
	LEAKED <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/>		_____ PSID	LEAKED <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/>		_____ PSID	OPENED AT _____ PSID		
NEW PARTS AND REPAIRS	PART	CLEAN	REPLACE	PART	CLEAN	REPLACE	PART	CLEAN	REPLACE		
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
TEST AFTER REPAIRS	LEAKED <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/>		_____ PSID	LEAKED <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/>		_____ PSID	OPENED AT _____ PSID		

FINAL RESULTS: **PASSED** **FAILED** **COULD NOT TEST ASSEMBLY (EXPLAIN)**

TEST EQUIPMENT: MAKE _____ MODEL _____ SERIAL: _____
ACCURACY VERIFICATION DATE: _____

TESTED BY: _____ DATE: _____ TESTER'S CERT NO. _____
signature

PRINT NAME: _____ REPAIRED BY: _____ DATE: _____

COMPANY: _____ FINAL TEST BY: _____ DATE: _____

PHONE: _____