CITY OF MOSES LAKE
BACKFLOW ASSEMBLY TESTING REPORT

Manufacturer	Model	Type of Assembly	Serial #	Size	*Test Results:* *Pass* [] *Fail* []
Name of Premises					
Service Address			Location of Backflow Assembly		
Use Protected: [] Premises Isolation [] Irrigation [] Fire System [] Boiler [] Other _____			*Air Gap Sufficient?* *Yes []* *No []* *An Approved Installation?* *Yes []* *No []*		

	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve	Pressure Vacuum Breaker
Initial Test	[] Leaked [] Closed Tight	[] Leaked [] Closed Tight	[] Opened at ____ PSID [] Did Not Open	Air Inlet Opened at _____ PSID [] Did Not Open
REPAIRS	[] Cleaned *Replaced:* [] Disc [] Spring [] Guide [] Pin Retainer [] Hinge Pin [] Seat [] Diaphragm [] Other, Describe	[] Cleaned *Replaced:* [] Disc [] Spring [] Guide [] Pin Retainer [] Hinge Pin [] Seat [] Diaphragm [] Other, Describe	[] Cleaned *Replaced:* *Disc:* [] Upper [] Lower [] Spring *Diaphragm:* [] Large [] Small [] Upper [] Lower *Seat:* [] Upper [] Lower *Spacer:* [] Lower [] Other, Describe	Check Valve Held at _____ PSID [] Did not Open _____ [] Cleaned *Replaced:* [] Air Inlet [] Disc [] Check Disc [] Air Inlet [] Check Spring [] Other, Describe
Final Test	RP _____ PSID Closed Tight	[] Closed Tight	Opened at _____ PSID [] Reduced Pressure	Air _____ PSID Check Valve ____ PSID
Comments:				

Tested by (Printed Name) _____ *BAT #* _____
Business Name _____ *Business Telephone #* _____

_____ _____
Tester's Signature *Date of Test*

Return to: The City of Moses Lake Water Division, Attention: Judi Ellis, PO Box 1579, Moses Lake, WA 98837.
Telephone: (509) 766-9224 FAX: (509) 765-1129