

**CITY OF MOSES LAKE  
BACKFLOW ASSEMBLY TESTING REPORT**

Manufacturer	Model	Type of Assembly	Serial #	Size	<b>Test Results:</b> <b>Pass</b> <input type="checkbox"/> <b>Fail</b> <input type="checkbox"/>
Name of Premises					
Service Address			Location of Backflow Assembly		
Use Protected: <input type="checkbox"/> Premises Isolation <input type="checkbox"/> Irrigation <input type="checkbox"/> Fire System <input type="checkbox"/> Boiler <input type="checkbox"/> Other			Air Gap Sufficient?    Yes <input type="checkbox"/> No <input type="checkbox"/> An Approved Installation?    Yes <input type="checkbox"/> No <input type="checkbox"/>		

	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve	Pressure Vacuum Breaker	
<b>Initial Test</b>	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Opened at _____ PSID <input type="checkbox"/> Did Not Open	Air Inlet Opened _____ at _____ PSID <input type="checkbox"/> Did Not Open	
<b>R E P A I R S</b>	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other, Describe	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other, Describe	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced: <input type="checkbox"/> Disc: <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm: <input type="checkbox"/> Large <input type="checkbox"/> <input type="checkbox"/> Small <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Seat: <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spacer: <input type="checkbox"/> Lower <input type="checkbox"/> Other, Describe	Check Valve Held at _____ PSID <input type="checkbox"/> Did not Open  <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced: <input type="checkbox"/> Air Inlet <input type="checkbox"/> Disc <input type="checkbox"/> Check Disc <input type="checkbox"/> Air Inlet <input type="checkbox"/> Check Spring <input type="checkbox"/> Other, Describe	
	<b>Final Test</b>	RP _____ PSID <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	Opened at _____ PSID <input type="checkbox"/> 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) 764-3945    FAX: (509) 765-1129