



Backflow Prevention Assembly Test Report

North Kootenai Water District
13649 N. Meyer Rd
Rathdrum, ID 83858

(208) 687-6593
Fax (208) 687-6597

Customer/Business Name: _____ Date: _____

Service Address: _____

Location of Assembly: _____ Type of Hazard Controlled: _____

Assembly Size (inches): _____ Type: _____ Make: _____

Model: _____ Serial Number: _____ Line Pressure (psi): _____

RPBA/RPDA/DCVA/DCDA Horizontal? Yes No

New Installation? Yes No Old Serial Number: _____

	Check Valve #1	Check Valve #2	Relief Valve	PVB	Shut Off Valves
Initial Test	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Opened at _____ PSID	<input type="checkbox"/> Air Inlet opened at _____ PSID	#1 #2
	<input type="checkbox"/> Closed tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Did not open <input type="checkbox"/> Leaked	<input type="checkbox"/> Did not open <input type="checkbox"/> Check held at _____ PSID <input type="checkbox"/> Leaked	Closed tight <input type="checkbox"/> <input type="checkbox"/> Leaked <input type="checkbox"/> <input type="checkbox"/>
R E P A I R	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Diaphragm <input type="checkbox"/> Disc <input type="checkbox"/> Guide <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Module <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> _____	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Guide <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Module <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> _____	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Diaphragm <input type="checkbox"/> Disc <input type="checkbox"/> Module <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> _____	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Air Inlet Disc <input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Check Disc <input type="checkbox"/> Check Spring <input type="checkbox"/> Float <input type="checkbox"/> Diaphragm <input type="checkbox"/> _____	CLEANED <input type="checkbox"/> <input type="checkbox"/> REPLACED <input type="checkbox"/> <input type="checkbox"/> REPAIR <input type="checkbox"/> <input type="checkbox"/> OTHER <input type="checkbox"/> <input type="checkbox"/>
	Other/Notes: _____ _____				
Final Test	<input type="checkbox"/> Closed tight _____ PSID	<input type="checkbox"/> Closed tight _____ PSID	<input type="checkbox"/> Opened at _____ PSID	Air Inlet _____ PSID OK Valve _____ PSID	Closed tight <input type="checkbox"/> <input type="checkbox"/>

Tester's Name (please print): _____

Certification Number: _____ State: _____ Expiration Date: _____

Company Name: _____

Company Address: _____

Company Phone: _____ Fax: _____

Test Equipment Make & Model: _____ Serial Number: _____

Calibration Date: _____ Facility: _____

Signature below certifies that the above test results accurately reflect the performance of the assembly and verifies that the shut off valves have returned to pretest position.

TEST RESULTS: Passed: Failed:

Signature of Tester Date