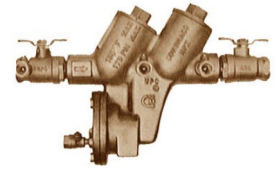


# City of Snoqualamish, WA

## BACKFLOW PREVENTION DEVICE

### FIELD TEST - MAINTENANCE REPORT



Tap Number		Business Name			Facility Address		
Map Page	Room Type	Water Use	Hazard		Location		
Protection Type		Manufacturer	Model	Size	Serial Number		

	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	AIR INLET VALVE
INITIAL TEST	CLOSED TIGHT <input type="checkbox"/> SEATED _____ PSID SEATED _____ PSID LEAKED <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/> SEATED _____ PSID LEAKED <input type="checkbox"/>	OPENED AT _____ PSID OPEN UNDER #2 OR DID NOT OPEN <input type="checkbox"/>	OPENED AT _____ PSID OPEN UNDER #1 OR DID NOT OPEN <input type="checkbox"/>
R E P A I R S	CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> DISC <input type="checkbox"/> SPRING <input type="checkbox"/> SEAT <input type="checkbox"/> MODULE <input type="checkbox"/> OTHER <input type="checkbox"/> DESCRIBE:	CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> DISC(S) <input type="checkbox"/> SPRING <input type="checkbox"/> SEAT <input type="checkbox"/> MODULE <input type="checkbox"/> OTHER <input type="checkbox"/> DESCRIBE:	CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> DISC(S) <input type="checkbox"/> SPRING <input type="checkbox"/> DIAPHRAGM(S) <input type="checkbox"/> SEAT(S) <input type="checkbox"/> O-RING(S) <input type="checkbox"/> OTHER <input type="checkbox"/> DESCRIBE:	CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> DISC <input type="checkbox"/> SPRING <input type="checkbox"/> FLOAT <input type="checkbox"/> OTHER <input type="checkbox"/> DESCRIBE:
FINAL TEST	SEATED _____ PSID CLOSED TIGHT <input type="checkbox"/>	SEATED _____ PSID CLOSED TIGHT <input type="checkbox"/>	OPENED AT _____ PSID	OPENED AT _____ PSID

**THE ABOVE REPORT IS CERTIFIED TO BE TRUE.**

Initial Test by (Signature)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Tester Number	<input type="text"/> <input type="text"/> <input type="text"/>	MO	DAY	YR
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Name (Please print)
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Repaired by	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Tester Number	<input type="text"/> <input type="text"/> <input type="text"/>	MO	DAY	YR
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Final Test by (Signature)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Tester Number	<input type="text"/> <input type="text"/> <input type="text"/>	MO	DAY	YR
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**MAIL TO:**

**RETURN ORIGINAL FORM TO:**

**RETURN NO LATER THAN:**