

# Report on Test and Maintenance of Backflow Prevention Device

**PART A**

Please use a separate form for each device.

For the year \_\_\_\_\_

- Initial test - Complete entire form  
 Annual test - Complete Part A only

Public Water Supply		Account No.	County	Block	Lot
Facility Name _____			Location of Device _____		
Address _____ Street City Zip			_____		
Device Information	Manufacturer	Type <input type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model	Size (in Inches)	Serial Number
	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure _____ psi	
Test before repair	Leaked <input type="checkbox"/> Closed tight <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed tight <input type="checkbox"/>	Opened at _____ psid	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M D Y	
	Pressure drop across first check valve _____ psid				
Describe repairs and materials used				Repaired by Name _____ Lic# _____	
				Date repaired: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M D Y	
Final test	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ psid	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M D Y	
	Pressure drop across first check valve _____ psid				
Water Meter Number		Meter Reading	Type of Service: (check one) <input type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Other _____		

Remarks (Describe deficiencies: bypasses, outlets before the device, connections between the device and point of entry, missing or inadequate airgaps, etc.)

Certification: This device  meets,  does NOT meet, the requirements of an acceptable containment device at the time of testing  
 I hereby certify the foregoing data to be correct.

Print Name \_\_\_\_\_ Certified Tester No. \_\_\_\_\_ Signature \_\_\_\_\_ Expiration Date \_\_\_\_\_

Property owners (or owners agent) certification that test was performed:

Print Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_ Telephone \_\_\_\_\_

**PART B** Certification that installation is in accordance with the approved plans. (To be completed by the design engineer or architect or water supplier.)

I hereby certify that this installation is in accordance with the approved plans.

Name	Title	Date	NYS DOH Log #
License Number	Phone ( )	m d y	_____
Representing	Describe minor installation changes		
Address			
City State Zip			
Signature			