

# 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 _____<br>Address _____<br>Street City Zip |  |  | Location of Device _____<br>_____                               |  |               |  |  |  |  |  |  |   |   |   |  |  |  |
| Device Information                                      | Manufacturer   | Type<br><input type="checkbox"/> RPZ<br><input type="checkbox"/> DCV     | Model   | Size (in inches)   | Serial Number |  |  |  |  |  |  |   |   |   |  |  |  |
|   | <b>Check Valve No. 1</b>   | <b>Check Valve No. 2</b>   | <b>Differential Pressure Relief Valve</b>                       | <b>Line Pressure _____ psi</b>   |               |  |  |  |  |  |  |   |   |   |  |  |  |
| <b>Test before repair</b>                               | Leaked <input type="checkbox"/><br>Closed tight <input type="checkbox"/>                   | Leaked <input type="checkbox"/><br>Closed tight <input type="checkbox"/> | Opened at _____ psid  | Date<br><table style="width:100%; text-align:center;"> <tr> <td style="border:1px solid black; width:20px; height:20px;"></td> <td style="border:1px solid black; width:20px; height:20px;"></td> <td style="border:1px solid black; width:20px; height:20px;"></td> <td style="border:1px solid black; width:20px; height:20px;"></td> <td style="border:1px solid black; width:20px; height:20px;"></td> <td style="border:1px solid black; width:20px; height:20px;"></td> </tr> <tr> <td>M</td> <td>D</td> <td>Y</td> <td colspan="3"></td> </tr> </table>   |               |  |  |  |  |  |  | M | D | Y |  |  |  |
|   |  |  |   |  |               |  |  |  |  |  |  |   |   |   |  |  |  |
| M   | D  | Y  |   |  |               |  |  |  |  |  |  |   |   |   |  |  |  |
| <b>Describe repairs and materials used</b>              |  |  |   | Repaired by<br>Name _____<br>Lic # _____<br>Date repaired:<br><table style="width:100%; text-align:center;"> <tr> <td style="border:1px solid black; width:20px; height:20px;"></td> <td style="border:1px solid black; width:20px; height:20px;"></td> <td style="border:1px solid black; width:20px; height:20px;"></td> <td style="border:1px solid black; width:20px; height:20px;"></td> <td style="border:1px solid black; width:20px; height:20px;"></td> <td style="border:1px solid black; width:20px; height:20px;"></td> </tr> <tr> <td>M</td> <td>D</td> <td>Y</td> <td colspan="3"></td> </tr> </table> |               |  |  |  |  |  |  | M | D | Y |  |  |  |
|   |  |  |   |  |               |  |  |  |  |  |  |   |   |   |  |  |  |
| M   | D  | Y  |   |  |               |  |  |  |  |  |  |   |   |   |  |  |  |
| <b>Final test</b>                                       | Closed tight <input type="checkbox"/><br>Pressure drop across first check valve _____ psid | Closed tight <input type="checkbox"/>                                    | Opened at _____ psid  | Date<br><table style="width:100%; text-align:center;"> <tr> <td style="border:1px solid black; width:20px; height:20px;"></td> <td style="border:1px solid black; width:20px; height:20px;"></td> <td style="border:1px solid black; width:20px; height:20px;"></td> <td style="border:1px solid black; width:20px; height:20px;"></td> <td style="border:1px solid black; width:20px; height:20px;"></td> <td style="border:1px solid black; width:20px; height:20px;"></td> </tr> <tr> <td>M</td> <td>D</td> <td>Y</td> <td colspan="3"></td> </tr> </table>   |               |  |  |  |  |  |  | M | D | Y |  |  |  |
|   |  |  |   |  |               |  |  |  |  |  |  |   |   |   |  |  |  |
| M   | D  | Y  |   |  |               |  |  |  |  |  |  |   |   |   |  |  |  |
| Water Meter Number                                      |  | Meter Reading  | Type of Service: (check one)<br>• Domestic • Fire • 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 owner's (or owner's 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      |                                     |       |               |

NOTE: Send one completed copy to the designated health department representative and one copy to the water supplier within 30 days of the testing device. Notify owner and water supplier immediately if device fails test and repairs cannot immediately be made.