

Report on Test and Maintenance of Backflow Prevention Device

PART A	Please use a separate form for each device.	For the year _____
		<input type="checkbox"/> Initial test - Complete entire form <input type="checkbox"/> Annual test - Complete Part A only

Public Water Supply	Account No.	County	Block	Lot
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Facility Name _____ Address _____ Street City Zip	Location of Device _____ _____
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Device Information	Manufacturer	Type <input type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model	Size (in inches)	Serial Number
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	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"/> Pressure drop across first check valve _____ psid	Leaked <input type="checkbox"/> Closed tight <input type="checkbox"/>	Opened at _____ psid	Date <input type="text"/> <input type="text"/> <input type="text"/> M D Y

Describe repairs and materials used		Repaired by Name _____ Lic # _____ Date repaired: <input type="text"/> <input type="text"/> <input type="text"/> M D Y
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Final test	Closed tight <input type="checkbox"/> Pressure drop across first check valve _____ psid	Closed tight <input type="checkbox"/>	Opened at _____ psid	Date <input type="text"/> <input type="text"/> <input type="text"/> M D Y
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Water Meter Number	Meter Reading	Type of Service: (check one) <input checked="" type="checkbox"/> Domestic <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Other _____
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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 _____/_____/_____
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Property owners (or owners agent) certification that test was performed:

Print Name _____	Title _____	Signature _____	Telephone (____) _____-_____
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PART B	Certification that installation is in accordance with the approved plans. (To be completed by the design engineer or architect or water supplier.)
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I hereby certify that this installation is in accordance with the approved plans.

Name	Title	Date	NYS DOH Log #
License Number	Phone ()	<input type="text"/> <input type="text"/> <input type="text"/> m d y	_____
Representing	Describe minor installation changes		
Address			
City State Zip			
Signature _____			